



Blue Shield TotalDual Plan (HMO D-SNP)

2024 Directorio de Proveedores de

Condado: San Diego

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

Blue Shield TotalDual Plan | Directorio de Proveedores de 2024

Introducción

Este Directorio de Proveedores incluye información sobre los tipos de proveedores que forman parte de Blue Shield TotalDual Plan, así como listas de todos los proveedores del plan actualizadas a la fecha de este Directorio. Las listas incluyen la dirección y la información de contacto, así como otros detalles, entre ellos, los días y horarios de atención, las especialidades y las habilidades. En el último capítulo de la Evidencia de Cobertura aparecen los términos claves y sus definiciones en orden alfabético.

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†Proveedor de DSNP que también está inscrito en Medi-Cal

Si tiene preguntas, llame a Blue Shield TotalDual Plan al 1-800-452-4413 (TTY: 711), de 8:00 a. m. a 8:00 p. m., los 7 días de la semana. La llamada es gratis. **Para obtener más información**, visite



www.blueshieldca.com/medicare.

A. Avisos legales

- ❖ En este Directorio se incluyen los profesionales de atención de la salud (como médicos, profesionales de enfermería calificados para ejercer ciertas funciones del médico [*nurse practitioners*] y psicólogos) y centros (como hospitales o clínicas). También se incluyen proveedores de apoyo y servicios a largo plazo (LTSS, por sus siglas en inglés) (como proveedores de cuidado de día para adultos y de atención de la salud en el hogar) con los que puede atenderse como miembro de Blue Shield TotalDual Plan. También incluimos las farmacias que puede usar para obtener sus medicamentos recetados.
- ❖ En este Directorio, el término “proveedores de la red” hace referencia a ellos. Estos proveedores firmaron un contrato con nosotros para brindarle servicios. Esta es una lista de los proveedores de la red de Blue Shield TotalDual Plan para el condado de San Diego.
- ❖ Puede conseguir este documento gratis en otros formatos, como letra grande, braille o audio. Llame al 1 800 452 4413 (TTY: 711), de 8:00 a. m. a 8:00 p. m., los 7 días de la semana. La llamada es gratis.
- ❖ Tenemos servicios de intérpretes gratis para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Si necesita un intérprete, llámenos al 1-800-452-4413. Una persona que hable inglés, español, árabe, farsi, armenio, jemer, coreano, ruso, tagalo o vietnamita puede brindarle ayuda. El servicio es gratuito. Puede hacer un pedido permanente para conseguir este documento en un idioma que no sea inglés o en un formato alternativo ahora y en el futuro. Para hacer un pedido, comuníquese con Blue Shield TotalDual Plan. Atención al Cliente se asegurará de que sus preferencias de idioma y formato quede registradas para futuras comunicaciones. Para actualizar sus preferencias, comuníquese con Blue Shield TotalDual Plan.
- ❖ La lista está actualizada al 05/03/2024, pero debe tener en cuenta que:
 - Es posible que algunos proveedores de la red de Blue Shield TotalDual Plan se hayan agregado o quitado de nuestra red después de la publicación de este Directorio.
 - Es posible que algunos de los proveedores de Blue Shield TotalDual Plan que forman parte de nuestra red ya no acepten miembros nuevos. Si tiene problemas para encontrar un proveedor que acepte miembros nuevos, llame a Atención al Cliente al 1 800 452 4413 (TTY: 711) y le brindaremos ayuda.
 - Para obtener la información más actualizada sobre los proveedores de la red de Blue Shield TotalDual Plan en su área, visite www.blueshieldca.com/medicare o llame a Atención al Cliente al 1 800 452 4413 (TTY: 711), de 8:00 a. m. a 8:00 p. m., los 7 días de la semana. La llamada es gratis.

Los médicos y otros profesionales de atención de la salud de la red de Blue Shield TotalDual Plan aparecen en la página 13-2454.

Puede usar la Lista que está en la parte de atrás del Directorio para encontrar la página en la que aparece un proveedor o una farmacia.

B. Información de partida sobre los proveedores de la red de Blue Shield TotalDual Plan

B1. Términos claves

Esta sección explica los términos claves de nuestro Directorio.

- Los **proveedores** son profesionales como médicos, profesionales de enfermería, farmacéuticos, terapeutas y otras personas que brindan atención y servicios. Los **servicios** incluyen atención médica, apoyo y servicios a largo plazo (LTSS), suministros, medicamentos recetados, equipos y otros servicios.
 - El término “proveedores” también incluye centros, como hospitales, clínicas y otros lugares que brindan servicios y equipos médicos. También incluye a proveedores de LTSS con los que puede atenderse como miembro de Blue Shield TotalDual Plan.
 - Los proveedores que forman parte de la red de nuestro plan se llaman “proveedores de la red”.
- Los **proveedores de la red** tienen un contrato con nosotros para brindarles servicios a los miembros de nuestro plan. Los proveedores de la red participan en nuestro plan. Eso significa que aceptan miembros de nuestro plan y brindan servicios que nuestro plan cubre. Cuando se atiende con un proveedor de la red, usted generalmente no paga nada por los servicios cubiertos.
- Un **médico de atención primaria** (PCP, por sus siglas en inglés) es un profesional de medicina interna, un médico familiar o general, o un especialista que le brinda atención de la salud de rutina. Su PCP guardará sus registros médicos y sabrá cuáles son sus necesidades de salud con el paso del tiempo. Su PCP también le dará una referencia si necesita atenderse con un especialista u otro proveedor.
- Los **especialistas** son médicos que brindan servicios de atención de la salud para una enfermedad o una parte del cuerpo específicas. Hay muchos tipos de especialistas. Estos son algunos ejemplos:
 - Los oncólogos tratan a los pacientes que tienen cáncer.
 - Los cardiólogos tratan a los pacientes que tienen problemas del corazón.
 - Los ortopedas tratan a los pacientes que tienen ciertos problemas de salud en los huesos, las articulaciones o los músculos.
- Un grupo médico o una asociación de médicos independientes (IPA, por sus siglas en inglés) es una organización formada según las leyes de California que tiene contratos con planes de salud para brindarles servicios de atención de la salud a las personas inscritas en estos planes, o bien para coordinar esos servicios. Vea la sección B3 para obtener más información.
- Es posible que necesite una **referencia** o una autorización **previa** para atenderse con un

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especialista o con cualquier otro profesional que no sea su PCP. Si necesita una **referencia**, significa que su PCP de la red debe darle una aprobación antes de que pueda atenderse con el otro proveedor. Una **autorización previa** es diferente de una referencia. Significa que Blue Shield TotalDual Plan (no su PCP de la red) debe darle una aprobación **antes** de que nosotros cubramos un servicio, un artículo o un medicamento específicos, o un proveedor fuera de la red. Si usted no obtiene una referencia o una autorización previa, es posible que Blue Shield TotalDual Plan no cubra el servicio, el artículo o el medicamento.

- **No** se necesitan referencias ni autorización previa para lo siguiente:
 - Atención de emergencia.
 - Atención urgentemente necesaria.
 - Servicios de diálisis renal que reciba en un centro de diálisis certificado por Medicare si se encuentra fuera del área de servicio del plan.
 - Servicios brindados por un especialista en salud de la mujer.
 - Todos los servicios preventivos cubiertos por Medicare, incluidas las pruebas de detección y las vacunas.
- Además, si usted es elegible para recibir servicios de proveedores de salud para indígenas, puede atenderse con estos proveedores sin una referencia. Debemos pagarle al proveedor de salud para indígenas por esos servicios incluso si está fuera de la red de nuestro plan..
- Hay más información disponible sobre las referencias y la autorización previa en el Capítulo 3 de la Evidencia de Cobertura.
- También se le asignará un **Equipo de Atención**. Su **Equipo de Atención** empieza con la relación entre usted y su PCP. El Equipo de Atención puede incluir a una persona que brinda cuidados, un Coordinador de Atención de la Salud, un especialista y otros profesionales según el nivel de necesidad demostrado en su Plan de Atención. Todos los integrantes del Equipo de Atención trabajan juntos para asegurarse de que su atención esté coordinada. Esto significa que se aseguran de que usted reciba todas las pruebas, los exámenes de laboratorio y otro tipo de atención que necesite, y de que los resultados se compartan con los proveedores adecuados. También significa que su PCP debe conocer todos los medicamentos que usted toma para poder reducir cualquier efecto negativo. Su PCP siempre le pedirá permiso antes de compartir su información médica con otros proveedores. Los miembros de su Equipo de Atención pueden incluir:
 - Un **Coordinador de Atención de la Salud** que le ayuda a administrar sus proveedores y sus servicios médicos.
 - Su **médico de atención primaria**.

Su Equipo de Atención también le ayudará a encontrar otros proveedores de servicios médicos, de salud

de la conducta o de apoyo y servicios a largo plazo (LTSS) si usted necesita un especialista u otro proveedor de atención de la salud. De esta manera, usted obtendrá el proveedor adecuado para que le brinde ayuda con sus inquietudes.

B2. Tiempos de espera para la atención primaria y la salud de la conducta

Debemos brindarle acceso a los servicios de atención primaria y de salud de la conducta dentro de los siguientes plazos:

- De manera inmediata para los servicios urgentemente necesarios o de emergencia.
- Dentro de los 7 días cuando usted necesite atención médica, pero los servicios no sean urgentemente necesarios ni de emergencia.
- Dentro de los 30 días para la atención de rutina o preventiva.

B3. Cómo elegir un médico de atención primaria (PCP)

Primero, deberá elegir un médico de atención primaria (PCP). Es posible que un especialista pueda actuar como su PCP. Podrá elegir a un especialista como su PCP si este acepta brindarle todos los servicios que normalmente brindan los PCP. Para pedir que su especialista sea su PCP, comuníquese con Atención al Cliente de Blue Shield TotalDual Plan. Puede elegir a cualquier PCP de nuestra red que acepte miembros nuevos.

Los PCP de nuestro plan están afiliados con grupos médicos. Cuando elige a su PCP, también elige el grupo médico afiliado. Esto significa que su PCP le brindará referencias a especialistas y servicios que también están afiliados con el grupo médico del PCP.

- Si hay un especialista o un hospital en particular que usted desea usar, es importante saber si están afiliados con el grupo médico de su PCP. Puede buscarlo en este Directorio o pedirle a Atención al Cliente de Blue Shield TotalDual Plan que averigüe si el PCP que usted desea hace referencias a ese especialista o usa ese hospital..
- Si no se atiende dentro del grupo médico de su PCP, es posible que Blue Shield TotalDual Plan no cubra el servicio.

Para elegir un PCP, vea la lista de médicos en la página 13-2454 y elija un médico:

- con el que se atienda actualmente, **o**
- que le haya recomendado alguien de su confianza, **o**
- que tenga un consultorio al que usted pueda acceder fácilmente.
- Si no elige un PCP de nuestra red, Blue Shield TotalDual Plan elegirá uno por usted.
- Si desea ayuda para elegir un PCP, llame a Atención al Cliente al 1 800 452 4413 (TTY: 711), de 8:00 a. m. a 8:00 p. m., los 7 días de la semana. La llamada es gratis. O visite

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- Si tiene preguntas sobre si el servicio o la atención que usted desea o necesita están cubiertos, hable con su Equipo de Atención o llame a Atención al Cliente al 1-800-452-4413 (TTY: 711) y averigüe **antes** de recibirlos.

B4. Proveedores de apoyo y servicios a largo plazo (LTSS)

Como miembro de Blue Shield TotalDual Plan, si los necesita, podrá recibir apoyo y servicios a largo plazo (LTSS), como servicios comunitarios de cuidado de día para adultos (CBAS, por sus siglas en inglés), que brindan servicios de enfermería, terapia física, terapia ocupacional, terapia del habla, actividades terapéuticas y comidas en centros de la comunidad. También están disponibles los servicios de apoyo en el hogar (IHSS, por sus siglas en inglés), que es la atención que reciben en su hogar las personas que no pueden estar seguras en él sin la asistencia de una persona que brinda cuidados. El apoyo y los servicios a largo plazo (LTSS) ayudan a las personas que necesitan asistencia para hacer tareas diarias como bañarse, vestirse, cocinar y tomar medicamentos. Si bien la mayoría de estos servicios se brindan en su hogar o su comunidad, podrían brindarse también en un hogar de ancianos o en un hospital.

Si usted necesita LTSS, su Coordinador de Atención de la Salud o su MSSP pueden ayudarles a usted y a su Equipo de Atención a determinar qué opciones están disponibles para brindarle apoyo de la manera que usted desea.

B5. Cómo obtener acceso a los proveedores de la red de Blue Shield TotalDual Plan

Debe recibir todos sus servicios cubiertos a través de proveedores de nuestra red que estén afiliados con el grupo médico de su PCP. Si se atiende con proveedores que no están en la red de Blue Shield TotalDual Plan y que no están afiliados con el grupo médico de su PCP (**sin autorización previa**), **deberá pagar la factura.**

Una **autorización previa** es una aprobación de Blue Shield TotalDual Plan para buscar servicios fuera de nuestra red o para obtener servicios que habitualmente no están cubiertos por nuestra red **antes** de que usted reciba los servicios.

Las únicas excepciones a esta regla son cuando necesita atención urgente o de emergencia, o diálisis, y no puede atenderse con un proveedor del plan, como cuando está lejos de su hogar. También puede atenderse fuera del plan o del grupo médico de su PCP para otros servicios que no sean de emergencia si antes Blue Shield TotalDual Plan le da autorización.

- Puede cambiar de proveedor, dentro de la red, en cualquier momento del año. Si se ha atendido antes con un proveedor de la red, no es necesario que se siga atendiendo con ese mismo proveedor. En el caso de algunos proveedores, es posible que necesite una referencia de su PCP. El cambio de PCP será válido el primer día del mes siguiente, siempre y cuando recibamos su pedido antes del día 20 del mes actual. Para cambiar su PCP, llame a Atención al Cliente. Cuando llame, asegúrese de decirle a Atención al Cliente si actualmente se atiende con un especialista o si recibe

otros servicios cubiertos para los que se necesita la aprobación de un PCP (como los servicios de atención de la salud en el hogar y el equipo médico duradero). Atención al Cliente se asegurará de que, al cambiar de PCP, usted pueda seguir recibiendo la atención especializada y los otros servicios; también verificará que el PCP al que desea cambiarse esté aceptando pacientes nuevos, cambiará su registro de membresía para que se muestre el nombre de su nuevo PCP y le indicará cuándo se aplicará el cambio a su nuevo PCP. Además, Atención al Cliente le enviará una nueva tarjeta de membresía con el nombre y el número de teléfono de su nuevo PCP.

- Recuerde que los PCP de nuestro plan están afiliados con grupos médicos. Si cambia de PCP, es posible que también cambie de grupo médico. Cuando pida el cambio, asegúrese de decirle a Atención al Cliente si actualmente se atiende con un especialista o si recibe otros servicios cubiertos para los que se necesita la aprobación de un PCP. Atención al Cliente se asegurará de que, al cambiar de PCP, usted pueda seguir recibiendo la atención especializada y los otros servicios.
- Blue Shield TotalDual Plan trabaja con todos los proveedores de nuestra red para satisfacer las necesidades de las personas con discapacidades. Si corresponde, la lista de proveedores de la red de este Directorio incluye información sobre las adaptaciones que estos ofrecen.
- Si necesita un proveedor y no sabe con seguridad si ofrece las adaptaciones que usted necesita, Blue Shield TotalDual Plan puede brindarle ayuda. Hable con su Coordinador de Atención de la Salud para obtener ayuda.

C. Lista de proveedores de la red de Blue Shield TotalDual Plan

Esta parte del Directorio incluye una lista de los proveedores de la red de Blue Shield TotalDual Plan que aceptan y participan en Blue Shield TotalDual Plan. Incluye lo siguiente:

- **Profesionales de atención de la salud**, que incluyen proveedores de atención primaria, especialistas, proveedores de salud de la conducta, proveedores de servicios dentales y proveedores de servicios de la vista.
- **Centros**, que incluyen hospitales, centros de enfermería y centros de salud de la conducta.
- **Proveedores de servicios de apoyo**, que incluyen apoyo y servicios a largo plazo (LTSS) (por ejemplo, cuidado de día para adultos) y servicios de apoyo comunitario (por ejemplo, apoyo de los pares).

Los proveedores de la atención dental administrada de Medi-Cal aparecen en los sitios web de los planes de atención dental administrada. Actualmente, los planes de atención dental administrada son Liberty Dental Plan, Access Dental Plan y Health Net of California. Es posible buscar proveedores por nombre, dirección, ciudad, código postal, especialidad o idiomas que hablan. Para obtener ayuda e información actualizada del plan, también puede llamar a Health Care Options al 1-800-430-4263 (los usuarios del sistema TTY deben llamar al 1-800-430-7077), de lunes a viernes, de 8:00 a. m. a 6:00 p. m.

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www.blueshieldca.com/medicare.



Los proveedores dentales de pago por servicio de Medi-Cal aparecen en el Directorio de Proveedores, en el sitio web de Smile, California: www.dental.dhcs.ca.gov/find-a-dentist/home. Es posible buscar proveedores por dirección, ciudad, código postal, especialidad o idiomas que hablan. Además de las búsquedas de proveedores dentales inscritos que pueden hacerse en el Directorio de Proveedores, hay una lista de higienistas dentales registrados inscritos ordenada por condado en Smile, California.

Los servicios dentales en San Mateo están cubiertos por Health Plan of San Mateo (HPSM). El Directorio de Proveedores está en el sitio web del plan. Es posible buscar proveedores por nombre o código postal.

Los proveedores están ordenados alfabéticamente por apellido. En el Índice que está al final del Directorio también podrá encontrar el nombre del proveedor y la página en la que aparece su información de contacto adicional. En el Índice, los proveedores están ordenados alfabéticamente por apellido. Además de la información de contacto, las listas de proveedores también incluyen las especialidades y las habilidades; por ejemplo, qué idiomas hablan o si completaron el entrenamiento en competencia cultural.

El entrenamiento en competencia cultural es orientación adicional para nuestros proveedores de atención de la salud, que los ayuda a entender mejor su origen, sus valores y sus creencias, y a adaptar los servicios para satisfacer sus necesidades sociales, culturales e idiomáticas.

La red completa de Blue Shield TotalDual Plan incluye lo siguiente:

Cantidad total de PCP: 2754

Cantidad total de especialistas: 2858

Cantidad total de hospitales: 20

Cantidad total de proveedores de acupuntura y quiroprácticos: No Data

Cantidad total de proveedores dentales: No Data

Cantidad total de servicios de atención de la salud en el hogar: 1

Cantidad total de proveedores de servicios de salud mental: 351

Cantidad total de proveedores de atención de la vista: 445

Cantidad total de proveedores que brindan apoyo y servicios a largo plazo: No Data

Cantidad total de centros de salud mental: No Data

Cantidad total de centros de enfermería especializada: 84

Cantidad total de proveedores de otros servicios: 1

C1. Lista de proveedores de la red

Hospitales afiliados

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. Lista de proveedores de la red

Hospitales afiliados

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. Lista de proveedores de la red



Centros de atención de urgencia

Este plan brinda cobertura para servicios urgentemente necesarios tanto dentro de la red como fuera de la red. Para obtener una lista actualizada de los centros de atención urgente de la red, comuníquese con su grupo médico.




 (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

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




ACCELERATED URGENT CARE

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




CONCENTRA URGENT CARE

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




CONCENTRA URGENT CARE

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




ACCELERATED URGENT CARE

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




CONCENTRA URGENT CARE

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




CONCENTRA URGENT CARE

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




ACCELERATED URGENT CARE

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




CONCENTRA URGENT CARE

 15751 ROCKFIELD BLVD
IRVINE, CA 92618
 (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

ACCELERATED URGENT CARE

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

CONCENTRA URGENT CARE

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




CONCENTRA URGENT CARE

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




ANAHEIM URGENT CARE INC

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

CONCENTRA URGENT CARE

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

CONCENTRA URGENT CARE

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


BAHIA FAMILY MEDICAL GROUP INC

 584 E ST
CHULA VISTA, CA 91910

CONCENTRA URGENT CARE


 25115 MADISON AVE

CONCENTRA URGENT CARE

 5333 MISSION CENTER RD STE 100
SAN DIEGO, CA 92108


CI. Lista de proveedores de la red

Centros de atención de urgencia

 (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


 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



CI. Lista de proveedores de la red

Centros de atención de urgencia




 SU 9:00AM-5:00PM
M-F 9:00AM-8:00PM
SA 9:00AM-8:00PM

 SU 11:00AM-5:00PM
M-F 8:00AM-8:00PM
SA 9:00AM-5:00PM

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

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



C1. Lista de proveedores de la red

Proveedores de atención primaria

FAMILY PRACTICE



OCONNOR, SHANNON, MD^F

Provider ID: 100027672003

 5 JOURNEY STE 130
ALISO VIEJO, CA 92656
 (949) 360-1069
Effective as of 01-JUL-12



OCONNOR, SHANNON, MD^F

Provider ID: 100027672005

 5 JOURNEY STE 130
ALISO VIEJO, CA 92656
 (949) 360-1069
Effective as of 01-JUL-12

OCONNOR, SHANNON, MD^F




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^{M†}



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^M

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^M



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^{M†}

Provider ID: 100067406005

 2801 JEFFERSON ST
CARLSBAD, CA 92008
 (760) 729-4952
 Farsi, Spanish
Effective as of 01-APR-16




KORFF, GARY, MD^{M†}

Provider ID: 100021811011

 2910 JEFFERSON ST STE
100
CARLSBAD, CA 92008
 (760) 729-7186
 Spanish
Effective as of 01-JAN-23



PEREZ, RONALD, MD^{M†}

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^{F*}



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^M




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^{M†}

Provider ID: 100055662004

 5930 PRIESTLY DR
CARLSBAD, CA 92008
 (760) 434-6060
 Korean
Effective as of 01-NOV-21



CHONG, MARIBETH, MD^F




Provider ID: 100092861004




 5930 PRIESTLY DR
CARLSBAD, CA 92008



C1. Lista de proveedores de la red

Proveedores de atención primaria




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




CHONG, YOO JIN, MD^{M†}
Provider ID: 100055662003
 5930 PRIESTLY DR
CARLSBAD, CA 92008
 (760) 434-6060
 Korean
Effective as of 01-NOV-21




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




HALL, ANDREW, MD^{M†}
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^{M††}
Provider ID: 100220769002
 678 3RD AVE
CHULA VISTA, CA 91910
 (619) 662-4100
 Spanish
Effective as of 01-NOV-14




ALANIZ, MATEO, MD^{M†}
Provider ID: 100220769006
 678 3RD AVE
CHULA VISTA, CA 91910
 (619) 662-4100
 Spanish
Effective as of 01-JAN-21

ALB, OVIDIU, MD^{M†}
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^{F†}
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^{M†}
Provider ID: 100034030016
 480 4TH AVE STE 202
CHULA VISTA, CA 91910
 (619) 427-3361
 Romanian, Spanish,
Tagalog
Effective as of 01-JAN-21




ALB, OVIDIU, MD^{M†}
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^{F†}
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^{M†}
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^{F†}
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^{M†}
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^{F†}
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, SIMONA, MD^{F†}
Provider ID: 100033656019
 480 4TH AVE STE 202
CHULA VISTA, CA 91910
 (619) 427-3361
 Greek, Romanian, Spanish
Effective as of 01-SEP-22

ALJAWADI, GEORGIA, DO^{F†}
Provider ID: 100133625008
 480 4TH AVE STE 202
CHULA VISTA, CA 91910
 (619) 427-3361

C1. Lista de proveedores de la red


Proveedores de atención primaria


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

ALJAWADI, GEORGIA, DO^{F†}

Provider ID: 100133625022

 480 4TH AVE STE 202
CHULA VISTA, CA 91910


 (619) 427-3361

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

ALJAWADI, GEORGIA, DO^{F†}

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^{F†}

Provider ID: 100133625018

 480 4TH AVE STE 202
CHULA VISTA, CA 91910


 (619) 427-3361

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

ALJAWADI, GEORGIA, DO^{F†}

Provider ID: 100133625021

 480 4TH AVE STE 202
CHULA VISTA, CA 91910


 (619) 427-3361

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

ALVAREZ-ESTRADA, MIGUEL, MD^{M†}

Provider ID: 100360099015

 1637 3RD AVE
CHULA VISTA, CA 91911

 (619) 662-4100


 Spanish

Effective as of 01-MAY-22

ARCE GOMEZ, LAURA, MD^F

Provider ID: 100300002011

 678 3RD AVE
CHULA VISTA, CA 91910

 (619) 662-4100


 Spanish, Tagalog

Effective as of 01-APR-23

ELSAYED, MOHAMMED, MD^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{F†}

Provider ID: 100269760005

 678 3RD AVE
CHULA VISTA, CA 91910

 (619) 662-4100

 Spanish


Teleservice

Effective as of 01-APR-23

GARCIA, KARLA, MD^{F†}

Provider ID: 100269760002

 678 3RD AVE
CHULA VISTA, CA 91910

 (619) 662-4100

 Spanish


Teleservice

Effective as of 01-MAR-16

HERNANDEZ, RALPH, MD^{M†}

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^{F†}




C1. Lista de proveedores de la red
Proveedores de atención primaria



Provider ID: 100359300004
 678 3RD AVE
 CHULA VISTA, CA 91910
 (619) 662-4100
 Effective as of 01-JAN-21


LOZANO, JUAN, MD^M
 Provider ID: 100419136002
 1637 THIRD AVE
 STE B
 CHULA VISTA, CA 91911
 (619) 662-4100
 Effective as of 01-DEC-23




LOZANO, JUAN, MD^M
 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^M
 Provider ID: 100415320011
 299 J ST
 CHULA VISTA, CA 91910
 (858) 554-1212
 Spanish
 Teleservice
 Effective as of 01-APR-24




MARTINEZ, ELADIO, MD^M
 Provider ID: 100415320005
 299 J ST
 CHULA VISTA, CA 91910
 (858) 554-1212
 Spanish
 Teleservice
 Effective as of 01-DEC-23




MARTINEZ, ELADIO, MD^M
 Provider ID: 100415320002
 299 J ST
 CHULA VISTA, CA 91910
 (858) 554-1212


 Spanish
 Teleservice
 Effective as of 01-OCT-23



MATTHEWS, MERRITT, MD^{M†}
 Provider ID: 100021162015
 752 MEDICAL CENTER CT
 STE 210
 CHULA VISTA, CA 91911
 (619) 656-0206
 Spanish, Tagalog
 Effective as of 01-NOV-20




MATTHEWS, MERRITT, MD^{M†}
 Provider ID: 100021162019
 752 MEDICAL CENTER CT
 CHULA VISTA, CA 91911
 (619) 656-0206
 Spanish, Tagalog
 Effective as of 01-FEB-21




MERRILL, SARAH, MD^{F†}
 Provider ID: 100214679020
 678 3RD AVE
 CHULA VISTA, CA 91910
 (619) 662-4100
 Spanish
 Effective as of 01-JAN-21




MONDRAGON, GUSTAVO, MD^M
 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^M
 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^{M†}
 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^{M†}
 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^{F*}
 Provider ID: 100099596009
 678 3RD AVE
 CHULA VISTA, CA 91910
 (619) 662-4100
 Spanish
 Effective as of 01-APR-23

NGUYEN, CARIE, MD^{F†}
 Provider ID: 100099766010
 678 3RD AVE
 CHULA VISTA, CA 91910
 (619) 662-4100
 Effective as of 01-APR-23

NGUYEN, CARIE, MD^{F†}
 Provider ID: 100099766005
 678 3RD AVE
 CHULA VISTA, CA 91910
 (619) 662-4100
 Effective as of 01-NOV-20

NOVENCIDO, JOSEPH, DO^{M†}

CI. Lista de proveedores de la red

Proveedores de atención primaria

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: 100147691006

480 4TH AVE STE 202

CHULA VISTA, CA 91910

(619) 427-3361

Polish, Portuguese, Spanish

Effective as of 01-JAN-14

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

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


C1. Lista de proveedores de la red

Proveedores de atención primaria

TREJO, RAUL, MD^M

Provider ID: 100088864004

 678 3RD AVE
CHULA VISTA, CA 91910

 (619) 662-4100

 Spanish


Effective as of 01-JAN-14

VAZQUEZ-BOJORQUEZ, ALEJANDRA, MD^F

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^{F†}

Provider ID: 100090572020

 3302 BONITA RD
CHULA VISTA, CA 91910

 (858) 832-2500


Teleservice

Effective as of 01-NOV-23

WHITLEY, NICHOLAS, MD^{M†}

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^{F†}

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

CEPIN, MONICA, MD^{F†}

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

FARRIS, REUBEN, MD^{M†}

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^{M†}

Provider ID: 100072802015

 299 J ST
CHULA VISTA, CA 91910

 (858) 779-2366

 Spanish


Teleservice

Effective as of 01-NOV-23

GUEFEN, URI, MD^{M†}

Provider ID: 100072802018

 299 J ST
CHULA VISTA, CA 91910

 (858) 779-2366

 Spanish


Teleservice

Effective as of 01-MAR-22

GUEFEN, URI, MD^{M†}

Provider ID: 100072802029

 299 J ST
CHULA VISTA, CA 91910

 (858) 779-2366

 Spanish

Teleservice

Effective as of 01-DEC-23

CI. Lista de proveedores de la red

Proveedores de atención primaria

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: 100159959020

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

Effective as of 01-AUG-20

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

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: 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: 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: 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: 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: 100024815019

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

📱 Arabic, Spanish

Effective as of 01-JAN-21

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: 100024815009

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

📱 Arabic, Spanish

Effective as of 01-JAN-14

MAY, LOUIS, MD

Provider ID: 100325305003

📍 1061 TIERRA DEL REY STE
303 304 305
CHULA VISTA, CA 91910

☎ (619) 662-4100

C1. Lista de proveedores de la red

Proveedores de atención primaria


 Spanish

Teleservice


Effective as of 01-JUN-21

OLIVER, DEANNA, MD^{F†}

Provider ID: 100328564043

 1323 3RD AVE

CHULA VISTA, CA 91911


 (619) 409-6900

 Spanish


Effective as of 01-MAR-24

OLIVER, DEANNA, MD^{F†}

Provider ID: 100328564027

 1323 3RD AVE

CHULA VISTA, CA 91911


 (619) 409-6900

 Spanish


Effective as of 01-SEP-21

OLIVER, DEANNA, MD^{F†}

Provider ID: 100328564041

 1323 3RD AVE

CHULA VISTA, CA 91911


 (619) 409-6900

 Spanish


Effective as of 01-NOV-23

OLIVER, DEANNA, MD^{F†}

Provider ID: 100328564034

 1323 3RD AVE

CHULA VISTA, CA 91911

 (619) 409-6900

 Spanish

Effective as of 01-SEP-22


OLIVER, DEANNA, MD^F

Provider ID: 100328564040

 2436 FENTON ST STE

100-B

CHULA VISTA, CA 91914

 (619) 264-1934

 Spanish

Effective as of 01-NOV-23


OLIVER, DEANNA, MD^F

Provider ID: 100328564045

 2436 FENTON ST STE

100-B

CHULA VISTA, CA 91914

 (619) 264-1934

 Spanish


Effective as of 01-MAR-24

PENA, JOSE, MD^{M†}

Provider ID: 100104432025

 333 H ST STE 1065

CHULA VISTA, CA 91910

 (619) 691-1766

 Spanish


Effective as of 01-FEB-23

PENA, JOSE, MD^{M†}

Provider ID: 100104432024

 333 H ST STE 1065

CHULA VISTA, CA 91910

 (619) 691-1766

 Spanish


Effective as of 01-JUL-21

PENA, JOSE, MD^{M†}

Provider ID: 100104432022

 333 H ST STE 1065

CHULA VISTA, CA 91910

 (619) 691-1766

 Spanish


Effective as of 01-MAY-21

PENA, JOSE, MD^{M†}

Provider ID: 100104432023

 333 H ST STE 1065

CHULA VISTA, CA 91910

 (619) 691-1766

 Spanish

Effective as of 01-MAY-21


UWEDJOJEVWE, LETICIA, MD

^{F†}

Provider ID: 100110303013

 340 4TH AVE STE 10

CHULA VISTA, CA 91910

 (619) 934-2215

 Spanish

Effective as of 01-DEC-17


UWEDJOJEVWE, LETICIA, MD

^{F†}

Provider ID: 100110303015

 340 4TH AVE STE 10

CHULA VISTA, CA 91910

 (619) 934-2215

 Spanish

Effective as of 01-JAN-18


UWEDJOJEVWE, LETICIA, MD

^{F†}

Provider ID: 100110303031

 340 4TH AVE STE 10

CHULA VISTA, CA 91910

 (619) 934-2215

 Spanish

Effective as of 01-NOV-23


UWEDJOJEVWE, LETICIA, MD

^{F†}

Provider ID: 100110303030

 340 4TH AVE STE 10

CHULA VISTA, CA 91910

 (619) 934-2215

 Spanish

Effective as of 01-JAN-21


PEDIATRICS

GARCIA, CARLOS, MD^{M†}

Provider ID: 100067783008

 1392 E PALOMAR ST STE
501

CHULA VISTA, CA 91913

 (619) 271-4059

 Spanish

Effective as of 01-JAN-14

INTERNAL MEDICINE

CI. Lista de proveedores de la red

Proveedores de atención primaria

ZAKI, MICHELLE, DO^F

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^{Ft}

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^M

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^{Mt}

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^{Mt}

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^{Mt}

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^{Mt}

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^{Ft}

Provider ID: 100376573004

5442 SYCUAN RD
EL CAJON, CA 92019

(619) 445-0707

Effective as of 01-SEP-22

GREEN, HANNAH, MD^F

Provider ID: 100403549002

855 E MADISON AVE
EL CAJON, CA 92020

(619) 440-2751

Spanish

Effective as of 01-APR-23

JALISI, NEJAT, MD^{Ft}

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^{Ft}

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^{Mt}

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^{Mt}

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^{Ft}

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^F

Provider ID: 100320650010

855 E MADISON AVE
EL CAJON, CA 92020

(619) 440-2751

Spanish

CI. Lista de proveedores de la red

Proveedores de atención primaria

Effective as of 01-JAN-24

MOULD, KEVIN, MD^{M†}

Provider ID: 100112431013

📍 855 E MADISON AVE
EL CAJON, CA 92020
☎ (619) 440-2751

Effective as of 01-JAN-24

MOULD, KEVIN, MD^{M†}

Provider ID: 100112431012

📍 855 E MADISON AVE
EL CAJON, CA 92020
☎ (619) 440-2751

Effective as of 01-AUG-20

PUTRUS, RAMIZ, MD^M

Provider ID: 100348831004

📍 183 S 1ST ST
EL CAJON, CA 92019
☎ (619) 328-1335

Effective as of 01-AUG-22

RONQUILLO, KAREN AN, DO^F

Provider ID: 100421622002

📍 855 E MADISON AVE
EL CAJON, CA 92020
☎ (619) 440-2751

Effective as of 01-FEB-24

RONQUILLO, KAREN AN, DO^F

Provider ID: 100421622004

📍 855 E MADISON AVE
EL CAJON, CA 92020
☎ (619) 440-2751

Effective as of 01-APR-24

ROUEL, LINDA, MD^{F†}

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^{F†}

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^{F†}

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^{F†}

Provider ID: 100259719025

📍 860 JAMACHA RD STE 107
EL CAJON, CA 92019
☎ (619) 456-9920
📱 Arabic, Mandarin, Syriac

Effective as of 01-SEP-22

ROUEL, LINDA, MD^{F†}

Provider ID: 100259719024

📍 860 JAMACHA RD STE 107
EL CAJON, CA 92019
☎ (619) 456-9920
📱 Arabic, Mandarin, Syriac

Effective as of 01-AUG-21

SALEM, RAMSEY, MD^{M†}

Provider ID: 100360207006

📍 875 EL CAJON BLVD
EL CAJON, CA 92020
☎ (858) 939-5864

Effective as of 01-AUG-21

SAZEGAR, PAYAM, MD^{M†}

Provider ID: 100187888014

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

Teleservice

Effective as of 01-JUL-21

SAZEGAR, PAYAM, MD^{M†}

Provider ID: 100187888012

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

Teleservice

Effective as of 01-JUL-21

STONES, RACHEL, MD^F

Provider ID: 100387928010

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

Teleservice

Effective as of 01-MAY-22

STONES, RACHEL, MD^F

Provider ID: 100387928009

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

Teleservice

Effective as of 01-MAY-22

VOURLITIS, MELISSA, DO^{F*}

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

C1. Lista de proveedores de la red

Proveedores de atención primaria

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^{M†}

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^{M†}

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^{M†}

Provider ID: 100381973002

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

Teleservice

Effective as of 01-JAN-22

BENSON, JIMI, MD^{M†}

Provider ID: 100149523029

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

📱 Spanish, Vietnamese

Effective as of 01-APR-21

BENSON, JIMI, MD^{M†}

Provider ID: 100149523023

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

📱 Spanish, Vietnamese

Effective as of 01-JAN-21

BENSON, JIMI, MD^{M†}

Provider ID: 100149523026

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

📱 Spanish, Vietnamese
Effective as of 01-JUN-21

BENSON, JIMI, MD^{M†}

Provider ID: 100149523028

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

📱 Spanish, Vietnamese

Effective as of 01-MAR-21

BENSON, JIMI, MD^{M†}

Provider ID: 100149523031

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

📱 Spanish, Vietnamese

Effective as of 01-OCT-23

EL GHONEIMY, AHMED, MD^{M†}

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^{M†}

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^{F†}

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

C1. Lista de proveedores de la red

Proveedores de atención primaria

JAHANPANA, FERESHTEH, MD^{F†}

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^{F†}

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

MANSOUR, DAVID, DO^{M†}

Provider ID: 100390972007

📍 855 E MADISON AVE
EL CAJON, CA 92020

☎ (619) 440-2751

🗂 Arabic

Effective as of 01-NOV-22

MICHAEL, RAMI, MD^{M†}

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^{M††}

Provider ID: 100159191015

📍 875 EL CAJON BLVD
EL CAJON, CA 92020

☎ (619) 662-4100

🗂 Arabic

Effective as of 01-MAY-21

NASSIR, BASSAM, MD^{M††}

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^{M†}

Provider ID: 100050929006

📍 5442 SYCUAN RD
EL CAJON, CA 92019

☎ (619) 445-0707

🗂 Spanish

Effective as of 01-JAN-21

ROUEL, WADI, MD^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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^M

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^{F†}

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^M

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^M

Provider ID: 100028293005

📍 477 N EL CAMINO REAL
STE A100

ENCINITAS, CA 92024



☎ (760) 943-9111

C1. Lista de proveedores de la red




Proveedores de atención primaria

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




KAKIMOTO, AMY, MD^{F†}

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^{M*}

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^{M†}

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^{M††}



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^M

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^M




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^{M††}



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^{M*}

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^{M††}




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

Effective as of 01-JUN-21




COX, VICTORIA, MD^{F†}

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




DE ROTH, GEORGINE, MD^F

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^F

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^F

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^F

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

C1. Lista de proveedores de la red

Proveedores de atención primaria

KAUR, JATINDER, MD^F

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

MCHENRY, KATHRYN, DO^{Ft}

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

MCHENRY, KATHRYN, DO^{Ft}

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

MCHENRY, KATHRYN, DO^F

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

PATEL, JITENBHAI, MD^M

Provider ID: 100339325006
📍 460 N ELM ST
ESCONDIDO, CA 92025
☎ (760) 520-8100
Effective as of 01-JAN-24

PATEL, JITENBHAI, MD^M

Provider ID: 100339325007
📍 728 E VALLEY PKWY
ESCONDIDO, CA 92025
☎ (760) 737-6900

Effective as of 01-JAN-24

RASHCOVSKY SCHIFF, KARIN, MD^F

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

RASHCOVSKY SCHIFF, KARIN, MD^F

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

SCHULTZ, JAMES, MD^{Mt}

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^M

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^M

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

SCHULTZ, JAMES, MD^{Mt}

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

SIVA, TENAYA, MD^M

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

SNYDER, CHRISTOPHER, DO^{Mt}

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

VOURLITIS, MELISSA, DO^{F*}

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. Lista de proveedores de la red

Proveedores de atención primaria

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^{Ft}

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^{Mt}

Provider ID: 100075629010

704 E GRAND AVE
ESCONDIDO, CA 92025

(619) 662-4100

Spanish

Teleservice

Effective as of 01-FEB-22

CHEN, MARGARET, MD^{Ft}

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^F

Provider ID: 100080501007

426 N DATE ST
ESCONDIDO, CA 92025

(760) 690-5900

Effective as of 01-JAN-24

FAMILY PRACTICE

CHRISTIE, PATRICIA, MD^F

Provider ID: 100407567004

1328 S MISSION RD
FALLBROOK, CA 92028

(760) 451-4720

Effective as of 01-AUG-23

DEEL, MARGARET, MD^{Ft}

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^{Ft}

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^{Ft}

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^{Ft}

C1. Lista de proveedores de la red

Proveedores de atención primaria

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^{Ft}
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^{Mt}
Provider ID: 100148562018
521 E ELDER ST STE 103
FALLBROOK, CA 92028
(760) 728-8344
Effective as of 01-NOV-20

MILLER, BRANDON, DO^{Mt}
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^{Mt}
Provider ID: 100370457002
1328 S MISSION RD
FALLBROOK, CA 92028
(760) 451-4720
Effective as of 01-JUN-21

STRUTZ, PETER, MD^{M*}
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^{Ft}
Provider ID: 100379442002
26795 PORTOLA PKWY
FOOTHILL RANCH, CA
92610
(949) 829-9403
Effective as of 01-NOV-21

DECOCK, JAMES, MD^{Mt}
Provider ID: 100051324014
26795 PORTOLA PKWY
FOOTHILL RANCH, CA
92610
(949) 829-9403
Effective as of 01-APR-15

ESKANDARI, HAMID, MD^{Mt}
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^{Mt}
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^{Mt}
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^{Mt}
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^{Mt}
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. Lista de proveedores de la red

Proveedores de atención primaria

PATEL, BAKULKUMAR, MD^{M†}

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^F

Provider ID: 100414352003

26672 PORTOLA PKWY STE
104
FOOTHILL RANCH, CA
92610

(949) 557-0750

Effective as of 01-SEP-23

VALADEZ, JESUS, MD^{M†}

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^{M†}

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^M

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^M

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^{F†}

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^{F†}

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^F

Provider ID: 100384377002

949 CALHOUN PL STE G
HEMET, CA 92543

(951) 765-5594

Effective as of 01-MAR-22

CASSADAY, DONALD, MD^{M†}

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^F

Provider ID: 100113399019

1035 SAINT JOHN PL
HEMET, CA 92543

(951) 223-4833

Spanish

Effective as of 01-SEP-23

COMBS, MATTHEW, MD^{M†}

Provider ID: 100337168008

3853 W STETSON AVE STE
200

HEMET, CA 92545

(951) 225-6802

Effective as of 01-NOV-20

GANTA, SANYASI, MD^{M†}

Provider ID: 100113069005

225 LAURSEN ST
HEMET, CA 92543

(951) 925-6657

Hindi, Spanish, Telugu

Effective as of 01-JAN-17

GANTA, SANYASI, MD^{M†}

Provider ID: 100113069011

225 LAURSEN ST
HEMET, CA 92543

(951) 925-6657

Hindi, Spanish, Telugu

Effective as of 01-APR-21

GOHIL, RAJIT, MD^{M†}

Provider ID: 100391418004

2390 E FLORIDA AVE STE
104

HEMET, CA 92544

(951) 414-4011

Effective as of 01-OCT-22

GOHIL, RAJIT, MD^{M†}

Provider ID: 100391418005

2390 E FLORIDA AVE STE
104

CI. Lista de proveedores de la red

Proveedores de atención primaria

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

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

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

HARRISON, AMY, MD^F
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^F
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^{M†}
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^M
Provider ID: 100053015006
📍 850 E LATHAM AVE STE E
HEMET, CA 92543
☎ (951) 658-7205
Effective as of 01-JUL-23

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

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

HUGHES, HEATHER, MD^{F*}
Provider ID: 100050011003
📍 4020 W FLORIDA AVE
HEMET, CA 92545
☎ (951) 925-9565
Effective as of 01-NOV-13

HUNT, TYRELLE, MD^F
Provider ID: 100417653002
📍 1701 E FLORIDA AVE
HEMET, CA 92544
☎ (951) 658-4486
📄 Spanish
Effective as of 01-NOV-23

MEHARDA, SANJIWANI, MD^F
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^{F†}
Provider ID: 100319273003
📍 1600 E FLORIDA AVE STE 103
HEMET, CA 92544
☎ (951) 929-8121
Effective as of 01-DEC-17

YUN, JONATHAN, DO^{M†}
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^{M†}
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^F
Provider ID: 100107885007
📍 4020 W FLORIDA AVE
HEMET, CA 92545
☎ (951) 765-5000
Effective as of 01-AUG-20

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

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

C1. Lista de proveedores de la red
Proveedores de atención primaria

Effective as of 01-SEP-15

INTERNAL MEDICINE

BARVE, PRANAV, MD^{Mt}

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^{Mt}

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^{Mt}

Provider ID: 100378970004

📍 2390 E FLORIDA AVE STE 104
 HEMET, CA 92544

☎ (951) 414-4011

Effective as of 01-NOV-21

BATIN, FRANCES, MD^F

Provider ID: 100075999009

📍 1001 S STATE ST
 HEMET, CA 92543

☎ (951) 925-2525

🗂 Spanish

Effective as of 01-NOV-23

CHING, TSUNG, MD^{Mt}

Provider ID: 100380049002

📍 1278 E LATHAM AVE
 HEMET, CA 92543

☎ (951) 925-6625

🗂 Mandarin

Effective as of 01-DEC-21

CHODAY, PRITHI, MD^F

Provider ID: 100419896004

📍 1030 E FLORIDA AVE
 HEMET, CA 92543

☎ (833) 867-4642

🗂 Telugu

Effective as of 01-DEC-23

CHODAY, PRITHI, MD^F

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^{Mt}

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

^{Ft}

Provider ID: 100364194002

📍 1701 E FLORIDA AVE
 HEMET, CA 92544

☎ (951) 658-4486

Effective as of 01-DEC-20

KONDAPALLY, YAMUNA, MD

^{Ft}

Provider ID: 100364194003

📍 1701 E FLORIDA AVE
 HEMET, CA 92544

☎ (951) 658-4486

Effective as of 01-DEC-20

MAPLETON, SHARINA, DO^F

Provider ID: 100384944006

📍 1030 E FLORIDA AVE

HEMET, CA 92543

☎ (833) 867-4642

Effective as of 01-FEB-24

MATHIAS, HERMAN, MD^{Mt}

Provider ID: 100037216007

📍 391 N SAN JACINTO ST
 HEMET, CA 92543

☎ (951) 929-6003

Effective as of 01-AUG-95

PATEL, REENABEN, MD^F

Provider ID: 100380064003

📍 2390 E FLORIDA AVE STE 101
 HEMET, CA 92544

☎ (951) 925-1449

Effective as of 01-JAN-22

RAJA, MANIKANDA, MD^{Mt}

Provider ID: 100113362004

📍 1701 E FLORIDA AVE
 HEMET, CA 92544

☎ (951) 658-4486

🗂 Tamil, Telugu

Effective as of 01-AUG-02

SALEH, HANA, MD^{Ft}

Provider ID: 100246071008

📍 391 N SAN JACINTO ST
 HEMET, CA 92543

☎ (951) 533-5123

🗂 Spanish

Effective as of 01-APR-24

SALEH, HANA, MD^{Ft}

Provider ID: 100246071002

📍 391 N SAN JACINTO ST
 HEMET, CA 92543

☎ (951) 533-5123

🗂 Spanish


Effective as of 01-SEP-15


SALEH, HANA, MD^{Ft}

Provider ID: 100246071007

C1. Lista de proveedores de la red

Proveedores de atención primaria

 391 N SAN JACINTO ST
HEMET, CA 92543

 (951) 533-5123


 Spanish


Effective as of 01-OCT-23

SHALABY, MOHSEN, MD^{M†}

Provider ID: 100306246002

 1023 E FLORIDA AVE
HEMET, CA 92543

 (951) 599-8403


 Arabic


Effective as of 01-MAR-17

TAECHARVONGPHAIROJ, VEERAVAT, MD^{M†}

Provider ID: 100226243007

 903 E DEVONSHIRE AVE
HEMET, CA 92543

 (951) 216-6100

 Thai


Effective as of 01-AUG-20


TAECHARVONGPHAIROJ, VEERAVAT, MD^{M†}

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^{M†}

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^M

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^{M†}

Provider ID: 100226243018

 1525 W FLORIDA AVE
HEMET, CA 92543

 (951) 929-6777


 Thai


Effective as of 01-OCT-21

PEDIATRICS

SEYED, KAZEM, MD^{M†}

Provider ID: 100028573009


 750 E LATHAM AVE STE 1
HEMET, CA 92543


 (951) 766-6696

Effective as of 01-AUG-20

SEYED, KAZEM, MD^{M†}

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^{M†}

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^{M†}

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^{M†}

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^M

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^F

Provider ID: 100007711005

 18 ENDEAVOR STE 203
IRVINE, CA 92618



 (949) 733-0168

 Chinese, Mandarin,
Taiwanese




Effective as of 01-JUL-20

C1. Lista de proveedores de la red
Proveedores de atención primaria




MACAULEY, TODD, DO^{M†}

Provider ID: 100337131058
 8607 IRVINE CENTER DR
 IRVINE, CA 92618
 (949) 557-0600
 Effective as of 01-JAN-21




NILI, ALAN, DO^M

Provider ID: 100093992004
 18 ENDEAVOR STE 307
 IRVINE, CA 92618
 (949) 260-0106
 Farsi, Spanish
 Effective as of 01-JUL-12




NILI, ALAN, DO^M

Provider ID: 100093992002
 18 ENDEAVOR STE 307
 IRVINE, CA 92618
 (949) 260-0106
 Farsi, Spanish
 Effective as of 01-JUL-12


SAAM, SHIDA, DO^{F†}



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^{F†}




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^{F†}




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^{F†}

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^{F†}

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^{M†}

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^{M†}




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^{M†}




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^{M†}

Provider ID: 100090804016
 18 ENDEAVOR STE 201
 IRVINE, CA 92618
 (949) 650-5771
 Farsi, Persian, Spanish
 Effective as of 01-SEP-20




SHEIDAYI, PERRY, DO^{M†}

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^{M†}

Provider ID: 100090804007
 18 ENDEAVOR STE 201
 IRVINE, CA 92618
 (949) 650-5771
 Farsi, Persian, Spanish
 Effective as of 01-MAR-15

TONG, ELAIN, DO^{F†}

Provider ID: 100328017002
 18 ENDEAVOR STE 304
 IRVINE, CA 92618
 (714) 556-8664
 Chinese, Mandarin
 Effective as of 01-MAY-18

YACOOB, MARLENE, MD^F




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^F




Provider ID: 100010305018




C1. Lista de proveedores de la red

Proveedores de atención primaria



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




GENERAL PRACTICE




ZAHEDI, MARCO, MD^M
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^M
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^{F†}
Provider ID: 100061502007
 16300 SAND CANYON AVE
STE 311
IRVINE, CA 92618
 (949) 791-3101
Effective as of 01-JAN-21




HUANG, CHARLIE, DO^M
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^M
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^M
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^{F†}
Provider ID: 100332508009
 22 ODYSSEY STE 115
IRVINE, CA 92618
 (949) 916-9100
Teleservice
Effective as of 01-JUN-19




MEHTA, SHILPA, MD^{F†}
Provider ID: 100332508010
 22 ODYSSEY STE 115
IRVINE, CA 92618
 (949) 916-9100
Teleservice
Effective as of 01-JUN-19




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




MIKHAIL, EMAD, MD^M
Provider ID: 100072526012


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

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

POURBABAK, SAM, MD^M
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^M
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^{M†}
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^{M*}
Provider ID: 100077651006
 15785 LAGUNA CANYON
RD STE 340

C1. Lista de proveedores de la red

Proveedores de atención primaria

IRVINE, CA 92618
☎ (949) 262-0080
📄 Japanese
Effective as of 01-OCT-22

SAISHO, ALBERT, MD^{M*}
Provider ID: 100077651004
📄 15785 LAGUNA CANYON
RD STE 340
IRVINE, CA 92618
☎ (949) 262-0080
📄 Japanese
Effective as of 01-JUL-12

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

SHUNE, HONG, MD^{F†}
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^{F*}
Provider ID: 100022013010
📄 113 WATERWORKS WAY
STE 125
IRVINE, CA 92618
☎ (949) 552-6788
📄 Mandarin
Effective as of 01-AUG-20

WANG, WEI, MD^M
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^{M†}
Provider ID: 100022620004
📄 16300 SAND CANYON AVE
STE 614
IRVINE, CA 92618
☎ (949) 653-1173
Effective as of 01-OCT-15

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

FAMILY PRACTICE

AHMED, HEBA, DO^F
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^F
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^{F*}
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^F
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^F**
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^F**
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^F**
Provider ID: 100112789011
📄 8950 VILLA LA JOLLA DR

C1. Lista de proveedores de la red

Proveedores de atención primaria

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

GOLD, MARGARET, MD^M
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^F
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^F**
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^M
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^M
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

WU, ARMANDO, MD^M
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^M
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

GENERAL PRACTICE

WU, ARMANDO, MD^M
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^{Ft}

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^{Ft}
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^{Ft}
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^{M†}
Provider ID: 100194770021
📄 9850 GENESEE AVE STE
320
LA JOLLA, CA 92037
☎ (858) 554-1212
Effective as of 01-FEB-22

RANA, SHAUNAK, MD^{M†}
Provider ID: 100194770019
📄 9850 GENESEE AVE STE
320
LA JOLLA, CA 92037
☎ (858) 554-1212
Effective as of 01-NOV-21

RANA, SHAUNAK, MD^{M†}
Provider ID: 100194770013
📄 7855 IVANHOE AVE STE 110

CI. Lista de proveedores de la red

Proveedores de atención primaria

LA JOLLA, CA 92037
☎ (858) 799-0933
Effective as of 01-JAN-21

RANA, SHAUNAK, MD^{M†}
Provider ID: 100194770022
📍 7855 IVANHOE AVE STE 110
LA JOLLA, CA 92037
☎ (858) 799-0933
Effective as of 01-SEP-22

FAMILY PRACTICE

KISKILA, NATHAN, MD^M
Provider ID: 100138189015
📍 6136 LAKE MURRAY BLVD
LA MESA, CA 91942
☎ (949) 760-9222
📄 Spanish
Effective as of 01-JAN-24

PATEL, HEMANSHU, MD^M
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^{M†}
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^M
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^M
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^M
Provider ID: 100090790020
📍 8851 CENTER DR STE 408
LA MESA, CA 91942
☎ (619) 583-1174
📄 Faroese, Farsi, Tagalog
Effective as of 01-MAR-23

SHAHBAZ, MAJID, MD^M
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^M
Provider ID: 100090790019
📍 8851 CENTER DR STE 408
LA MESA, CA 91942
☎ (619) 583-1174
📄 Faroese, Farsi, Tagalog
Effective as of 01-JAN-21

FAMILY PRACTICE

WAINWRIGHT, MITCHELL, MD^M
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^{M††}
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^{F*}
Provider ID: 100059699012
📍 370 OCEAN AVE
LAGUNA BEACH, CA 92651
☎ (949) 557-0610
Effective as of 01-JAN-21

SZYMANSKI, JARED, DO^M
Provider ID: 100369042016
📍 370 OCEAN AVE
LAGUNA BEACH, CA 92651
☎ (949) 557-0610
Effective as of 01-AUG-21

INTERNAL MEDICINE

DEWING, JANNE, MD^F
Provider ID: 100105400007
📍 31862 COAST HWY STE 200
LAGUNA BEACH, CA 92651


C1. Lista de proveedores de la red
Proveedores de atención primaria

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

FAMILY PRACTICE

CHANG, MICHAEL, DO^{M†}
 Provider ID: 100294076006


 26538 MOULTON PKWY
 STE 38E
 LAGUNA HILLS, CA 92653

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

CHANG, MICHAEL, DO^{M††}


Provider ID: 100294076007


 26538 MOULTON PKWY
 STE 38E
 LAGUNA HILLS, CA 92653

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

FOSTER, MARK, MD^M

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^{F†}


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^{M††}


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^{F†}

Provider ID: 100065290005


 25401 CABOT RD STE 101
 LAGUNA HILLS, CA 92653

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

HUYNH, JUDY, DO^{F†}

Provider ID: 100065290003


 25401 CABOT RD STE 101
 LAGUNA HILLS, CA 92653

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

IERARDI, STEPHEN, MD^M

Provider ID: 100017573010


 23141 MOULTON PKWY STE
 102
 LAGUNA HILLS, CA 92653

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

IERARDI, STEPHEN, MD^M

Provider ID: 100017573009



 23141 MOULTON PKWY STE
 102
 LAGUNA HILLS, CA 92653

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

KHOSHREZA, HALEH, MD^{F†}

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^M

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^{M†}

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^{F†}


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^{F†}


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^{F†}


Provider ID: 100168805030


 23181 LA CADENA DR STE
 101
 LAGUNA HILLS, CA 92653

 (949) 647-5234
 Effective as of 01-MAR-21

MUNIB, SABEEN, MD^{F†}

Provider ID: 100168805028

 23181 LA CADENA DR STE
 101
 LAGUNA HILLS, CA 92653




 (949) 647-5234
 Effective as of 01-OCT-20

RIVERO, JORGE, MD^M

Provider ID: 100059240008



C1. Lista de proveedores de la red

Proveedores de atención primaria

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



SY, JOAN, DO^F

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^F

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^F

Provider ID: 100010305019

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

YACOOB, MARLENE, MD^F




Provider ID: 100010305008

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

GENERAL PRACTICE




COOKE, LAWRENCE, MD^{M*}

Provider ID: 100030436004

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




HARMS, MONICA, MD^F

Provider ID: 100088859020

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



HARMS, MONICA, MD^F

Provider ID: 100088859016

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



NAPOLI, LYNN, MD^F

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^F




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^M

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^{F†}

Provider ID: 100108743004

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




ASHTARI, MOZHGAN, MD^{F†}

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^{M†}

Provider ID: 100036312016

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

BANDUKWALA, RAHIL, DO^{M†}

Provider ID: 100036312009

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

BROWN, HOSEA, MD^{M†}

C1. Lista de proveedores de la red

Proveedores de atención primaria

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^{M†}

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^{M††}

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^{M†}

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^{M†}

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^M

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^M

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^{F††}

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^{F†}

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

COVARRUBIAS, GRACIA, MD^{F†}

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

DABESTANI, ALI, MD^{M†}

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

DAIGNEAULT, ARTHUR, MD^M

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^M

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^{M*}

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^M

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^M




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^M




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




C1. Lista de proveedores de la red
Proveedores de atención primaria



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




JAVAHERI, MANIJEH, MD^{F†}
 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^F
 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^{M†}
 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^{M*}
 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^{M*}
 Provider ID: 100022892004
 25401 CABOT RD STE 101
 LAGUNA HILLS, CA 92653
 (949) 768-4850
 Effective as of 01-JAN-18


MANASSON, KATHERINE, MD^{F†}
 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^{F†}
 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^{F†}
 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^{F†}
 Provider ID: 100332508008
 23141 MOULTON PKWY STE
 102
 LAGUNA HILLS, CA 92653
 (949) 916-9100
 Teleservice
 Effective as of 01-JUN-19


MEHTA, SHILPA, MD^{F†}
 Provider ID: 100332508007
 23141 MOULTON PKWY STE
 102
 LAGUNA HILLS, CA 92653


 (949) 916-9100
 Teleservice
 Effective as of 01-JUN-19

PACE, SARAH, MD^{F†}
 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^M
 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^M
 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^{F†}
 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^{M*}
 Provider ID: 100082780005
 24221 CALLE DE LA LOUISA

C1. Lista de proveedores de la red
Proveedores de atención primaria

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

STALLWORTH, ROXANNE, MD
 F†

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^M

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^M

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^{F*}

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^{M*}

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^{M†}

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

ZAREMBA, MARK, MD^{M†}

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

FAMILY PRACTICE

BEDRAN, ASAD, DO^{M†}

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^{F†}

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^{F†}

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

FU, KAREN, MD^{F†}

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^F

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^F

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^F

Provider ID: 100197006019
 📄 27781 LA PAZ RD
 LAGUNA NIGUEL, CA 92677
 ☎ (949) 831-0300
 📄 Dutch, Farsi
 Effective as of 01-JUN-19

HAGHIGHI MOTLAGH, BEHNAZ, MD^F

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^F

C1. Lista de proveedores de la red

Proveedores de atención primaria

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^F

Provider ID: 100197006024

27781 LA PAZ RD
LAGUNA NIGUEL, CA 92677

(949) 831-0300

Dutch, Farsi

Effective as of 01-OCT-19

LEE, SUSAN, MD^{F†}

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^{M†}

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^{M†}

Provider ID: 100327805022

30281 GOLDEN LANTERN
LAGUNA NIGUEL, CA 92677

(949) 495-7144

Arabic, Spanish

Effective as of 01-FEB-19

KELLOGG, CHERYL, MD^F

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^{F†}

Provider ID: 100056351004

25500 RANCHO NIGUEL
RD STE 150

LAGUNA NIGUEL, CA 92677

(949) 831-3686

Effective as of 01-OCT-22

KRAFCIK, SONJA, MD^{F†}

Provider ID: 100056351002

25500 RANCHO NIGUEL
RD STE 150

LAGUNA NIGUEL, CA 92677

(949) 831-3686

Effective as of 01-MAR-13

PEDIATRICS

PATEL, JYOTINKUMAR, MD^{M†}

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^M

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^{F†}

Provider ID: 100113408009

24268 EL TORO RD
LAGUNA WOODS, CA

92637

(657) 241-8455

Farsi

Effective as of 01-JAN-21

ROKSHADFAR, SAGHI, MD^{F†}

Provider ID: 100113408008

24268 EL TORO RD
LAGUNA WOODS, CA

92637

(657) 241-8455

Farsi

Effective as of 01-JAN-21

SIEGFRIED, TRACY, MD^F

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^{F†}

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^{F†}

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^{F†}

Provider ID: 100187138015

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530

(951) 471-1800

C1. Lista de proveedores de la red



Proveedores de atención primaria

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

GENERAL PRACTICE

ASPREC, JOSEPH, MD^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{F†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{F†}

Provider ID: 100089870008

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

Effective as of 01-MAR-22

KOUMAS, JOHN, DO^{M††}

Provider ID: 100064961008

CI. Lista de proveedores de la red

Proveedores de atención primaria

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

INTERNAL MEDICINE

GOVASHIRI, REZA, MD^{M†}
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^{F†}
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^F
Provider ID: 100320650014

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

PHAM, CHRISTINE, DO^F
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^M
Provider ID: 100216268004
📍 10039 VINE ST
LAKESIDE, CA 92040
☎ (858) 218-3000
📄 Italian, Spanish
Effective as of 01-AUG-20

MCFARLAND, NATHAN, MD^M
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^M
Provider ID: 100114105044
📍 29826 HAUN RD STE 200
MENIFEE, CA 92586
☎ (951) 414-4020
📄 Punjabi, Spanish, Urdu

Effective as of 01-OCT-23
ARIF, MUHAMMAD, MD^M
Provider ID: 100114105045
📍 29826 HAUN RD STE 200
MENIFEE, CA 92586
☎ (951) 414-4020
📄 Punjabi, Spanish, Urdu
Effective as of 01-OCT-23

CAMARILLO, DANIEL, MD^{M†}
Provider ID: 100110735017
📍 30420 HAUN RD
MENIFEE, CA 92584
☎ (951) 676-4193
📄 Spanish
Effective as of 01-NOV-20

CAMARILLO, DANIEL, MD^{M†}
Provider ID: 100110735009
📍 30420 HAUN RD
MENIFEE, CA 92584
☎ (951) 676-4193
📄 Spanish
Effective as of 01-OCT-15

GOHIL, RAJIT, MD^M
Provider ID: 100391418014
📍 29826 HAUN RD STE 200
MENIFEE, CA 92586
☎ (951) 414-4020
Effective as of 01-JUL-23

GOHIL, RAJIT, MD^M
Provider ID: 100391418013
📍 29826 HAUN RD STE 200
MENIFEE, CA 92586
☎ (951) 414-4020
Effective as of 01-JUL-23




HARRISON, AMY, MD^F
Provider ID: 100410706003
📍 29826 HAUN RD STE 200
MENIFEE, CA 92586
☎ (951) 414-4020

C1. Lista de proveedores de la red



Proveedores de atención primaria

 Spanish
Effective as of 01-AUG-23



HARRISON, AMY, MD^F

Provider ID: 100410706004
 29826 HAUN RD STE 200
MENIFEE, CA 92586
 (951) 414-4020
 Spanish
Effective as of 01-AUG-23



HARRISON, AMY, MD^{F†}

Provider ID: 100047360077
 28400 MCCALL BLVD STE
B10
MENIFEE, CA 92585
 (951) 414-4020
Effective as of 01-OCT-22




HARRISON, AMY, MD^{F†}

Provider ID: 100047360076
 28400 MCCALL BLVD STE
B10
MENIFEE, CA 92585
 (951) 414-4020
Effective as of 01-OCT-22




MADRID, RICHARD, MD^{M†}

Provider ID: 100077741007
 30420 HAUN RD
MENIFEE, CA 92584
 (951) 676-4193
Teleservice
Effective as of 01-JAN-16

ZURITA, DANIELA, MD^{F†}




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^{F†}




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^{M†}

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^M

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^M


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^M



Provider ID: 100378970016
 29826 HAUN RD STE 200
MENIFEE, CA 92586
 (951) 414-4020
Effective as of 01-JUL-23

BASAK, RYAN, MD^M




Provider ID: 100378970015
 29826 HAUN RD STE 200
MENIFEE, CA 92586

 (951) 414-4020
Effective as of 01-JUL-23




GONZALES, PATRICK, MD^{M†}

Provider ID: 100109580006
 29798 HAUN RD STE 106
MENIFEE, CA 92586
 (951) 301-3588
Effective as of 01-JUN-17



GONZALES, EDIVINA, MD^F

Provider ID: 100039220006
 29798 HAUN RD STE 106
MENIFEE, CA 92586
 (951) 301-3588
 Spanish, Tagalog
Effective as of 01-JAN-11



GONZALES, EDIVINA, MD^F

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^{M†}

Provider ID: 100109580005
 29798 HAUN RD STE 106
MENIFEE, CA 92586
 (951) 301-3588
Effective as of 01-SEP-10

KIM, IRENE, DO^F

Provider ID: 100380710004
 27190 SUN CITY BLVD
MENIFEE, CA 92586
 (951) 676-4193
Effective as of 01-JAN-22

MARTINEZ, JORGE, MD^{M†}



Provider ID: 100096235012
 29826 HAUN RD STE 201
MENIFEE, CA 92586
 (951) 301-1100

C1. Lista de proveedores de la red
Proveedores de atención primaria




 Spanish
 Effective as of 01-JUN-22

FAMILY PRACTICE




BALL-ZONDERVAN, MONICA, MD^{F†}

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^{M†}

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^{M††}

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^{F††}



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^{F††}



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^{F††}

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^{M†}

Provider ID: 100326978002
 30707 GATEWAY PL STE A2
 MISSION VIEJO, CA 92694
 (657) 241-8601
 Effective as of 01-APR-18




CUENCA, ARNOLD, DO^{M†}

Provider ID: 100103510019
 23512 MADERO
 MISSION VIEJO, CA 92691
 (949) 583-1600
 Effective as of 01-JUL-18



CUENCA, ARNOLD, DO^{M††}

Provider ID: 100103510027
 23512 MADERO
 MISSION VIEJO, CA 92691
 (949) 583-1600
 Effective as of 01-JAN-23

DELNITZ, DANUTA, MD^F



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^F




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^M

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^{F†}

Provider ID: 100086847010
 26991 CROWN VALLEY
 PKWY
 MISSION VIEJO, CA 92691
 (949) 582-5430
 Spanish
 Effective as of 01-JAN-18



FLORES, TERESA, MD^{F†}

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^{F†}



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^M



Provider ID: 100071312010
 26922 OSO PKWY STE 380
 MISSION VIEJO, CA 92691
 (949) 305-0110
 Effective as of 01-JAN-18

C1. Lista de proveedores de la red
Proveedores de atención primaria



GEBHARD, KARL, MD^M

Provider ID: 100071312013
 26922 OSO PKWY STE 380
MISSION VIEJO, CA 92691
 (949) 305-0110
Effective as of 01-JUN-19




GEBHARD, KARL, MD^M

Provider ID: 100071312012
 26922 OSO PKWY STE 380
MISSION VIEJO, CA 92691
 (949) 305-0110
Effective as of 01-JUN-19




GEBHARD, KARL, MD^M

Provider ID: 100071312004
 26922 OSO PKWY STE 380
MISSION VIEJO, CA 92691
 (949) 305-0110
Effective as of 01-MAR-16




GLOBUS, JEFFREY, MD^M

Provider ID: 100008104004
 26902 OSO PKWY STE 140
MISSION VIEJO, CA 92691
 (949) 916-8870
 Spanish
Effective as of 01-DEC-14



GLOBUS, JEFFREY, MD^M

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^M

Provider ID: 100008104012
 26902 OSO PKWY STE 140
MISSION VIEJO, CA 92691
 (949) 916-8870
 Spanish
Effective as of 01-OCT-22




GONZALEZ, DAVID, MD^{M†}

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^{M†}

Provider ID: 100224908013
 23512 MADERO
MISSION VIEJO, CA 92691
 (949) 583-1600
 Hindi, Punjabi, Spanish
Effective as of 01-SEP-21




KUMAR, NISHCHAL, MD^{M†}

Provider ID: 100224908011
 23512 MADERO
MISSION VIEJO, CA 92691
 (949) 583-1600
 Hindi, Punjabi, Spanish
Effective as of 01-NOV-19


LY, PHUONG, MD^{M†}



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^{F†}



Provider ID: 100113548005
 23512 MADERO
MISSION VIEJO, CA 92691
 (949) 583-1600
 Farsi
Effective as of 01-MAY-12

PEDARSANI, MARJAN, DO^{F†}




Provider ID: 100113548012
 23512 MADERO
MISSION VIEJO, CA 92691

 (949) 583-1600
 Farsi
Effective as of 01-SEP-21




RUTTEN, SONIA, MD^F

Provider ID: 100414034002
 30492 GATEWAY PL
STE 110
MISSION VIEJO, CA 92694
 (949) 542-7700
Effective as of 01-OCT-23



SAMOORI, RAMA, DO^{F†}

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^F

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^F

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^F

Provider ID: 100043536023
 27725 SANTA MARGARITA
PKWY STE 101
MISSION VIEJO, CA 92691
 (949) 270-2100
Effective as of 01-AUG-21

C1. Lista de proveedores de la red
Proveedores de atención primaria

THOMAS, CHERYL, MD^F
 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^F
 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^F
 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^F
 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^{F†}
 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^F

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^{M††}
 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^{F††}
 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^{M†}
 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^{F††}
 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^{F††}

Provider ID: 100109548005
 23512 MADERO
 MISSION VIEJO, CA 92691
 (949) 583-1600
 Spanish
 Effective as of 01-SEP-18

COVARRUBIAS, GRACIA, MD^{F††}
 Provider ID: 100109548011
 23512 MADERO
 MISSION VIEJO, CA 92691
 (949) 583-1600
 Spanish
 Effective as of 01-SEP-21

LU, LESLIE, MD^{M†}
 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^{F†}
 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^{F††}
 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^{F†}
 Provider ID: 100364838002
 26800 CROWN VALLEY
 PKWY STE 315



C1. Lista de proveedores de la red

Proveedores de atención primaria

MISSION VIEJO, CA 92691
 (949) 364-6000
 Effective as of 01-AUG-22

NIETO, ELIZABETH, MD^{F†}
 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^{M††}
 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^{M††}
 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^{F†}
 Provider ID: 100113408005
 23512 MADERO
 MISSION VIEJO, CA 92691
 (949) 583-1600
 Farsi
 Effective as of 01-AUG-20




ROKSHADFAR, SAGHI, MD^{F†}
 Provider ID: 100113408006
 23512 MADERO
 MISSION VIEJO, CA 92691
 (949) 583-1600
 Farsi
 Effective as of 01-MAY-12




SELIGSOHN, BRUCE, MD^{M*}




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^F
 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^F
 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^F
 Provider ID: 100403248007
 27800 MEDICAL CENTER
 RD STE 110
 MISSION VIEJO, CA 92691
 (949) 364-3532
 Russian
 Teleservice
 Effective as of 01-DEC-23




SERGEYEVA, YELENA, MD^F
 Provider ID: 100403248003
 27800 MEDICAL CENTER
 RD STE 110
 MISSION VIEJO, CA 92691
 (949) 364-3532
 Russian
 Teleservice

Effective as of 01-MAR-23
STALLWORTH, ROXANNE, MD^{F††}
 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^{F††}
 Provider ID: 100043245010
 26800 CROWN VALLEY
 PKWY STE 330
 MISSION VIEJO, CA 92691
 (949) 364-6000
 Effective as of 01-NOV-14




STAUNTON, MICHELE, MD^{F†}
 Provider ID: 100043245014
 26800 CROWN VALLEY
 PKWY STE 325
 MISSION VIEJO, CA 92691
 (949) 364-6000
 Effective as of 01-AUG-22

SWADENER, NINA, MD^{F†}
 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^{M†}
 Provider ID: 100344383002
 26800 CROWN VALLEY
 PKWY STE 305
 MISSION VIEJO, CA 92691
 (949) 364-6000
 Vietnamese
 Effective as of 01-JUL-19

C1. Lista de proveedores de la red
Proveedores de atención primaria



TSAI, MON TA, MD^{M†}

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^{M†}




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^{F†}




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^{F†}

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^{F†}

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^F

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^M

Provider ID: 100031842003
 25095 JEFFERSON AVE
STE 202
MURRIETA, CA 92562
 (951) 696-9566
Effective as of 01-JUN-03




MEHARDA, SANJIWANI, MD^F

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^{M†}



Provider ID: 100107585007
 41680 IVY ST STE A
MURRIETA, CA 92562
 (951) 677-2227
 Vietnamese
Effective as of 01-NOV-23

NGUYEN, BACH, MD^{M†}


Provider ID: 100107585005
 41680 IVY ST STE A
MURRIETA, CA 92562
 (951) 677-2227
 Vietnamese
Effective as of 01-OCT-22

PHILLIPS, LILY, MD^{F†}



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^{F†}

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^{M†}

Provider ID: 100343557003
 38860 SKY CANYON DR
BLDG A
MURRIETA, CA 92563
 (951) 676-4193
Effective as of 01-AUG-19


WALTER, ROME, DO^M

Provider ID: 100198386003
 41011 CALIFORNIA OAKS
RD STE 103
MURRIETA, CA 92562
 (951) 225-6287
Effective as of 01-JUN-19

YUN, JONATHAN, DO^{M†}



Provider ID: 100025475022
 24910 LAS BRISAS RD STE
111
MURRIETA, CA 92562
 (951) 694-8549
 Korean, Spanish
Effective as of 01-AUG-20

YUN, JONATHAN, DO^{M†}




Provider ID: 100025475024
 24910 LAS BRISAS RD STE
111
MURRIETA, CA 92562

C1. Lista de proveedores de la red



Proveedores de atención primaria




 (951) 694-8549
 Korean, Spanish
Effective as of 01-NOV-20



GENERAL PRACTICE



LULIC, DZENAN, MD^{Mt}
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^{Mt}
Provider ID: 100073449005
 24680 JEFFERSON AVE
STE A
MURRIETA, CA 92562
 (951) 677-2252
Effective as of 01-JAN-16




GONZALES, EDIVINA, MD^F
Provider ID: 100039220007
 39755 DATE ST STE 103
MURRIETA, CA 92563
 (951) 304-3221
 Spanish, Tagalog
Effective as of 01-JAN-11




GONZALES, PATRICK, MD^{Mt}
Provider ID: 100109580007
 39755 DATE ST STE 103
MURRIETA, CA 92563
 (951) 304-3221
Effective as of 01-APR-19



GONZALES, PATRICK, MD^{Mt}
Provider ID: 100109580008
 39755 DATE ST STE 103
MURRIETA, CA 92563
 (951) 304-3221

Effective as of 01-APR-19



GONZALES, EDIVINA, MD^F
Provider ID: 100039220008
 39755 DATE ST STE 103
MURRIETA, CA 92563
 (951) 304-3221
 Spanish, Tagalog
Effective as of 01-SEP-10

MARTINEZ, JORGE, MD^{Mt}
Provider ID: 100096235010
 39755 MURRIETA HOT
SPRINGS RD STE E120
MURRIETA, CA 92563
 (951) 461-1331
 Spanish
Effective as of 01-FEB-21



MARTINEZ, JORGE, MD^{Mt}
Provider ID: 100096235003
 39755 MURRIETA HOT
SPRINGS RD STE E120
MURRIETA, CA 92563
 (951) 461-1331
 Spanish
Effective as of 01-DEC-12




REYNOLDS, RICHARD, MD^{Mt}
Provider ID: 100043439030
 25109 JEFFERSON AVE STE
100
MURRIETA, CA 92562
 (951) 698-0440
Effective as of 01-OCT-22



PEDIATRICS




NGUYEN, TUAN, MD^{Mt}
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^{Ft}
Provider ID: 100359014006
 2400 E 8TH ST
NATIONAL CITY, CA 91950
 (619) 662-4100
Effective as of 01-NOV-21

**ALVAREZ-ESTRADA, MIGUEL,
MD^M**
Provider ID: 100360099026
 2835 HIGHLAND AVE
NATIONAL CITY, CA 91950
 (844) 200-2426
 Spanish
Effective as of 01-FEB-24

CAMPBELL, BRIANNA, MD^{Ft}
Provider ID: 100360159004
 2400 E 8TH ST
NATIONAL CITY, CA 91950
 (619) 662-4100
Effective as of 01-JAN-21


CARLSON, ROBERT, MD^{Mt}
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^{Mt}
Provider ID: 100079582009
 1136 D AVE
NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
Effective as of 01-APR-23

CEVALLOS, JAMES, MD^{Mt}
Provider ID: 100079582004
 1136 D AVE
NATIONAL CITY, CA 91950

C1. Lista de proveedores de la red

Proveedores de atención primaria


 (619) 662-4100

 Spanish


Effective as of 01-MAR-16

DILLON, MAYRA, MD^{F†}

Provider ID: 100163378003

 1136 D AVE

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-JAN-14

KAKAIYA, ROSHNI, DO^F

Provider ID: 100395889005

 2835 HIGHLAND AVE

NATIONAL CITY, CA 91950

 (844) 200-2426

 Spanish


Effective as of 01-FEB-24

KUNIN-RIDA, TERI, MD^{F†}

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^{M†}

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^M

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^{M†}

Provider ID: 100325216002

 330 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-FEB-18

MEDINA, ALEXANDER, MD^{M†}

Provider ID: 100325216016

 330 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216019

 333 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216017

 331 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216018

 332 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216020

 334 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216021

 335 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216022

 336 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216023

 337 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216024

 338 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish


Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216025

 339 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish

Effective as of 01-APR-23

NAVARRO, VANESSA, MD^{F†}

Provider ID: 100173914003

C1. Lista de proveedores de la red
Proveedores de atención primaria

2400 E 8TH ST
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Filipino, Spanish, Tagalog
 Effective as of 01-JAN-14

NOVENCIDO, JOSEPH, DO^{M†}

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^{M†}

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^{M†}

Provider ID: 100377020002
 1136 D AVE
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Effective as of 01-SEP-21

ORTIZ ILIZALITURRI, ANA, MD^{F*}

Provider ID: 100394347012
 217 HIGHLAND AVE
 NATIONAL CITY, CA 91950
 (619) 434-7308
 Spanish
 Teleservice
 Effective as of 01-OCT-23

PATEL, PAAVAN, DO^M

Provider ID: 100413256010
 610 EUCLID AVE STE 302
 NATIONAL CITY, CA 91950
 (619) 527-7700
 Effective as of 01-DEC-23

PATEL, PAAVAN, DO^M

Provider ID: 100413256006
 610 EUCLID AVE STE 302
 NATIONAL CITY, CA 91950
 (619) 527-7700
 Effective as of 01-NOV-23

ROBERTS, POMAI, MD^{F††}

Provider ID: 100323487002
 1136 D AVE
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-SEP-17

SAZEGAR, PAYAM, MD^{M†}

Provider ID: 100187888015
 217 HIGHLAND AVE
 NATIONAL CITY, CA 91950
 (619) 434-7308
 Teleservice
 Effective as of 01-JUL-21

SNOOK, BRIAN, DO^{M††}

Provider ID: 100211994002
 2400 E 8TH ST
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-JUN-14

SNOOK, BRIAN, DO^{M††}

Provider ID: 100211994008
 2400 E 8TH ST
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-MAR-24

SNOOK, BRIAN, DO^{M††}

Provider ID: 100211994006
 2400 E 8TH ST
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish

Effective as of 01-JAN-21

STONES, RACHEL, MD^F

Provider ID: 100387928006
 217 HIGHLAND AVE
 NATIONAL CITY, CA 91950
 (619) 434-7308
 Teleservice
 Effective as of 01-MAY-22

VELASQUEZ, SHARON, MD^{F††}

Provider ID: 100189428004
 2400 E 8TH ST
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-JAN-14

VELASQUEZ, SHARON, MD^{F††}

Provider ID: 100189428010
 2400 E 8TH ST
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-NOV-23

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. Lista de proveedores de la red

Proveedores de atención primaria

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^F

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^F

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^F

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^{Mt}

Provider ID: 100012010021

📍 610 EUCLID AVE STE 201
NATIONAL CITY, CA 91950

☎ (619) 267-8181

📄 Spanish, Tagalog

Effective as of 01-APR-21

BRAVERMAN, IRA, MD^{Mt}

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^{Mt}

Provider ID: 100012010020

📍 610 EUCLID AVE STE 201

NATIONAL CITY, CA 91950

☎ (619) 267-8181

📄 Spanish, Tagalog

Effective as of 01-NOV-20

CANTU-REYNA, GUILLERMO, MD^{Mt}

Provider ID: 100214575010

📍 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

☎ (619) 434-7308

Teleservice

Effective as of 01-JUL-21

COMUNALE, RODERICK, MD^{Mt}

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^{Mt}

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^{Mt}

Provider ID: 100103500014

📍 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

☎ (619) 434-7308

📄 Arabic

Teleservice

Effective as of 01-AUG-22


HEKMAT, RAZI, MD^{Mt}

Provider ID: 100081732022



📍 610 EUCLID AVE STE 201
NATIONAL CITY, CA 91950

C1. Lista de proveedores de la red



Proveedores de atención primaria

 (619) 267-8181
Effective as of 01-APR-21



HEKMAT, RAZI, MD^{M†}

Provider ID: 100081732019
 610 EUCLID AVE STE 201
NATIONAL CITY, CA 91950
 (619) 267-8181
Effective as of 01-AUG-20




HEKMAT, RAZI, MD^{M†}

Provider ID: 100081732021
 610 EUCLID AVE STE 201
NATIONAL CITY, CA 91950
 (619) 267-8181
Effective as of 01-NOV-20




KURUVADI, NISHA, DO^{F*}

Provider ID: 100412012005
 502 EUCLID AVE STE 203
NATIONAL CITY, CA 91950
 (619) 267-0553
Effective as of 01-OCT-23



MEDINA, NATALIE, MD^F


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^{F†}




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^{F†}




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^{M†}

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^{M†}

Provider ID: 100107246018
 2340 E 8TH ST STE J
NATIONAL CITY, CA 91950
 (619) 479-0320
 Spanish, Tagalog
Effective as of 01-JAN-21




TIANGCO, IRINEO, MD^{M†}

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^{M†}



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^{M†}



Provider ID: 100107246019
 2340 E 8TH ST STE J
NATIONAL CITY, CA 91950
 (619) 479-0320
 Spanish, Tagalog
Effective as of 01-NOV-20

FAMILY PRACTICE



GREENBERG, CATOU, MD^{F*}

Provider ID: 100072487007
 1441 AVOCADO AVE STE
503
NEWPORT BEACH, CA
92660
 (949) 718-9020
Effective as of 01-SEP-22




GREENBERG, CATOU, MD^{F*}

Provider ID: 100072487003
 1441 AVOCADO AVE STE
503
NEWPORT BEACH, CA
92660
 (949) 718-9020
Effective as of 01-JUL-12




GREENBERG, CATOU, MD^{F*}

Provider ID: 100072487006
 1441 AVOCADO AVE STE
503
NEWPORT BEACH, CA
92660
 (949) 718-9020
Effective as of 01-JAN-14

KIM, KAREN, DO^{F*}

Provider ID: 100070645003
 1441 AVOCADO AVE STE
503
NEWPORT BEACH, CA
92660
 (949) 718-9020
 Korean
Effective as of 01-JUL-12

KIM, KAREN, DO^F

Provider ID: 100070645006
 1441 AVOCADO AVE STE
503
NEWPORT BEACH, CA
92660
 (949) 718-9020
 Korean

C1. Lista de proveedores de la red

Proveedores de atención primaria

Effective as of 01-JAN-14

KIM, KAREN, DO^F

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^{M†}

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^{M†}

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^{F†}

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^F

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^M

Provider ID: 100069979008

📍 3231 WARING CT STE L
OCEANSIDE, CA 92056

☎ (760) 630-6300

🗂 Spanish

Effective as of 01-MAR-21

DONNELL, MARTI, MD^{F*}

Provider ID: 100049875026

📍 4700 N RIVER RD
OCEANSIDE, CA 92057

☎ (844) 308-5003

🗂 Spanish

Effective as of 01-JAN-24

DONNELL, MARTI, MD^{F*}

Provider ID: 100049875027

📍 517 N HORNE ST
OCEANSIDE, CA 92054

☎ (844) 308-5003

🗂 Spanish

Effective as of 01-JAN-24

DONNELL, MARTI, MD^{F*}

Provider ID: 100049875025

📍 818 PIER VIEW WAY
OCEANSIDE, CA 92054

☎ (844) 308-5003

🗂 Spanish

Effective as of 01-JAN-24

ESPINOSA-SILVA, YAMINAH, DO^{F*}

Provider ID: 100358800016

📍 4700 N RIVER RD
OCEANSIDE, CA 92057

☎ (760) 631-5000

🗂 Spanish

Effective as of 01-JAN-24

ESPINOSA-SILVA, YAMINAH, DO^{F*}

Provider ID: 100358800017

📍 517 N HORNE ST
OCEANSIDE, CA 92054

☎ (760) 631-5000

🗂 Spanish

Effective as of 01-JAN-24

ESPINOSA-SILVA, YAMINAH, DO^{F*}

Provider ID: 100358800018

📍 818 PIER VIEW WAY
OCEANSIDE, CA 92054

☎ (760) 631-5000

🗂 Spanish

Effective as of 01-JAN-24

GONZALES, MICHELLE, MD^F

Provider ID: 100063095006

📍 3601 VISTA WAY
OCEANSIDE, CA 92056

☎ (760) 639-1204

🗂 Spanish

Effective as of 01-SEP-21

KURUKULASURIYA, DAYANTHITHI, DO^F

Provider ID: 100326148005

📍 605 CROUCH ST
OCEANSIDE, CA 92054

☎ (760) 736-6767

Effective as of 01-FEB-23

MARTINEZ, LESLY, MD^{F*}

Provider ID: 100397984038

📍 818 PIER VIEW WAY
OCEANSIDE, CA 92054




☎ (760) 631-5000

C1. Lista de proveedores de la red




Proveedores de atención primaria

 Spanish
Effective as of 01-JAN-24



MARTINEZ, LESLY, MD^{F*}

Provider ID: 100397984037
 4700 N RIVER RD
OCEANSIDE, CA 92057
 (760) 631-5000
 Spanish
Effective as of 01-JAN-24



MARTINEZ, LESLY, MD^{F*}

Provider ID: 100397984036
 517 N HORNE ST
OCEANSIDE, CA 92054
 (766) 315-0000
 Spanish
Effective as of 01-JAN-24




PONSFORD, DIANA, DO^F

Provider ID: 100350934010
 517 N HORNE ST
OCEANSIDE, CA 92054
 (760) 631-5000
Effective as of 01-MAY-22


PONSFORD, DIANA, DO^F



Provider ID: 100350934011
 517 N HORNE ST
OCEANSIDE, CA 92054
 (760) 631-5000
Effective as of 01-JAN-24

SAFI, ROOZCHEHR, MD^{F†}




Provider ID: 100201387012
 605 CROUCH ST
OCEANSIDE, CA 92054
 (760) 736-6767
 Farsi
Effective as of 01-APR-14

VIDAL, MONICA, DO^{F††}




Provider ID: 100327876043
 517 N HORNE ST
OCEANSIDE, CA 92054

 (760) 631-5000
 Spanish
Effective as of 01-JAN-24

VIDAL, MONICA, DO^{F††}



Provider ID: 100327876044
 4700 N RIVER RD
OCEANSIDE, CA 92057
 (760) 631-5000
 Spanish
Effective as of 01-JAN-24

VIDAL, MONICA, DO^{F††}



Provider ID: 100327876042
 818 PIER VIEW WAY
OCEANSIDE, CA 92054
 (844) 308-5003
 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^M

Provider ID: 100334344006
 605 CROUCH ST
OCEANSIDE, CA 92054
 (760) 736-6767
 Korean
Effective as of 01-FEB-23



CURRAN, PERRIN, MD^M

Provider ID: 100083095002
 3601 VISTA WAY STE 201
OCEANSIDE, CA 92056
 (760) 945-1894
Effective as of 01-FEB-05


HEIFETZ, SUSAN, MD^F

Provider ID: 100024397011
 3601 VISTA WAY STE 201
OCEANSIDE, CA 92056
 (760) 529-9514
Effective as of 01-SEP-21

LAWSON, CATHERINE, MD^F

Provider ID: 100080716004
 3230 WARING CT STE J
OCEANSIDE, CA 92056
 (760) 941-4498
Effective as of 01-DEC-10

LIZOTTE, PAUL, DO^{M†}

Provider ID: 100212648008
 115 N EL CAMINO REAL STE

C1. Lista de proveedores de la red
Proveedores de atención primaria

A
 OCEANSIDE, CA 92058
 (760) 330-5055
 Spanish
 Effective as of 01-MAR-21

MACMURRAY, MICHAEL, MD^M
 Provider ID: 100067535007
 818 PIER VIEW WAY
 OCEANSIDE, CA 92054
 (760) 631-5000
 Spanish
 Effective as of 01-MAR-20

MACMURRAY, MICHAEL, MD^M
 Provider ID: 100067535003
 818 PIER VIEW WAY
 OCEANSIDE, CA 92054
 (760) 631-5000
 Spanish
 Effective as of 01-OCT-05

MACMURRAY, MICHAEL, MD^M
 Provider ID: 100067535012
 818 PIER VIEW WAY
 OCEANSIDE, CA 92054
 (760) 631-5000
 Spanish
 Effective as of 01-JAN-24

SAMANI, PARGOL, MD^F
 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^M
 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^F
 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^{Mt}

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^F

Provider ID: 100352649064
 524 W 4TH ST STE B
 PERRIS, CA 92570
 (951) 355-0030
 Effective as of 01-FEB-24

SANUCCI, SHAUN, DO^F

Provider ID: 100352649063

524 W 4TH ST STE B
 PERRIS, CA 92570

(951) 355-0030

Effective as of 01-NOV-23

FAMILY PRACTICE

KAUR, JATINDER, MD^F

Provider ID: 100315025014

13010 POWAY RD
 POWAY, CA 92064

(858) 218-3000

Hindi, Urdu

Effective as of 01-JAN-24

KAUR, JATINDER, MD^F

Provider ID: 100315025013

13010 POWAY RD
 POWAY, CA 92064

(858) 218-3000

Hindi, Urdu

Effective as of 01-MAY-23

TANKSLEY, SIMON, MD^M

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^{F††}

C1. Lista de proveedores de la red

Proveedores de atención primaria

Provider ID: 100202026020

13010 POWAY RD
POWAY, CA 92064

(760) 737-6935

Effective as of 01-OCT-22

RIVERA, MARCELO, MD^{M†}

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^{M†}

Provider ID: 100036662015

13525 MIDLAND RD STE F
POWAY, CA 92064

(858) 486-9100

Spanish, Tagalog

Effective as of 01-JAN-21

RIVERA, MARCELO, MD^M

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^M

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^M

Provider ID: 100036662020

15644 POMERADO RD STE
100
POWAY, CA 92064

(858) 485-5111

Spanish, Tagalog

Effective as of 01-SEP-23

WINE, DAVID, MD^M

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^{F†}

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^F

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^{M††}

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^{F†}

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^{F††}

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^M

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^{F††}

Provider ID: 100020754005

29472 AVENIDA DE LAS
BANDERA

CI. Lista de proveedores de la red

Proveedores de atención primaria

RANCHO SANTA
MARGARITA, CA 92688
☎ (949) 459-9968
Effective as of 01-MAY-12

KAMAREI, SHAPARAK, MD^{Ft}

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^{Ft}

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^M

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^{Mt}

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^{Mt}

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

ALI, MOHAMMED, MD^{Mt}

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^{Mt}

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^{Mt}

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

DAVALOS, RICARDO, MD^M

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^F

Provider ID: 100365540002
📍 1031 AVENIDA PICO STE
203
SAN CLEMENTE, CA 92673
☎ (949) 557-0820
Effective as of 01-JAN-21

ROBERSON, ANDREA, DO^{Ft}

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^{Ft}

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^{Ft}

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^F

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^M

Provider ID: 100045275002



C1. Lista de proveedores de la red

Proveedores de atención primaria

 665 CAMINO LOS MARES
301
SAN CLEMENTE, CA 92673
 (949) 240-9664
 Chinese, Mandarin, Spanish
Effective as of 01-JAN-18



GARNER, KAREN, MD^{F†}

Provider ID: 100100519023

 831 VIA SUERTE STE 102
SAN CLEMENTE, CA 92673
 (949) 364-5600
Effective as of 01-NOV-17



MITREVSKI, PREDRAG, MD^{M†}

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^F

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^{M†}

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^{F†}

Provider ID: 100086849011

 831 VIA SUERTE STE 102
SAN CLEMENTE, CA 92673
 (949) 364-5600
Effective as of 01-JAN-22

WOOD, YELENA, MD^{F†}




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^{M†}

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^{M†}

Provider ID: 100360099012

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
 (619) 662-4100
 Spanish
Effective as of 01-JAN-21




BAIK, JESSICA, MD^F

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^M

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^M

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^M

Provider ID: 100225708021

 3802 NATIONAL AVE
SAN DIEGO, CA 92113
 (619) 264-2591
 Russian, Spanish
Effective as of 01-JAN-24




CUTLER, MICHAEL, MD^M

Provider ID: 100225708023

 3802 NATIONAL AVE
SAN DIEGO, CA 92113
 (619) 264-2591
 Russian, Spanish
Effective as of 01-APR-24




CUTLER, MICHAEL, MD^M

Provider ID: 100225708019

 3802 NATIONAL AVE
SAN DIEGO, CA 92113
 (619) 264-2591
 Russian, Spanish
Effective as of 01-DEC-23


DABO, TARAM, MD^{M†}

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^{M†}

Provider ID: 100075261004

 1919 GRAND AVE STE 1E
SAN DIEGO, CA 92109

C1. Lista de proveedores de la red


Proveedores de atención primaria


 (858) 270-5454
 Chinese, French, Mandarin
Effective as of 01-JAN-14

DAO, VIET, MD^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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

DAO, VIET, MD^{M†}

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^{M†}

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^{M†}

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

DAVIS, DEIRDRE, MD^{F†}

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^F

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^{F†}

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^{F†}

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^{F†}

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^F

Provider ID: 100427408003

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 (619) 255-9155

 French
Teleservice


Effective as of 01-APR-24

C1. Lista de proveedores de la red
Proveedores de atención primaria



DESHPANDE, KAVITA, MD^F

Provider ID: 100427408004
 4171 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 (619) 269-1269
 French
 Teleservice
 Effective as of 01-APR-24



DIEP, BRIAN, MD^{M†}

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^{M†}

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^F

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^F

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^F

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^F

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^F

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^{F†}

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^{F†}

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^{F†}

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^{F†}

Provider ID: 100350838004
 950 S EUCLID AVE
 SAN DIEGO, CA 92114
 (619) 662-4100
 Spanish
 Effective as of 01-JAN-21




GIL, GABRIEL, MD^{M†}

Provider ID: 100094547025
 909 CARDIFF ST
 SAN DIEGO, CA 92114
 (619) 465-3121
 Spanish
 Effective as of 01-JAN-21

GIL, GABRIEL, MD^{M†}

Provider ID: 100094547010
 903 CARDIFF ST
 SAN DIEGO, CA 92114
 (619) 465-3121
 Spanish
 Effective as of 01-JAN-18

GIL, GABRIEL, MD^{M†}

Provider ID: 100094547011
 903 CARDIFF ST
 SAN DIEGO, CA 92114
 (619) 465-3121
 Spanish
 Effective as of 01-JAN-18

C1. Lista de proveedores de la red

Proveedores de atención primaria

GIL, GABRIEL, MD^{M†}

Provider ID: 100094547026

903 CARDIFF ST
SAN DIEGO, CA 92114

(619) 465-3121

Spanish

Effective as of 01-NOV-20

GUTIERREZ, LORAIN, MD^{F†}

Provider ID: 100334279007

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

(619) 255-9155

Teleservice

Effective as of 01-AUG-21

HAMIDI, MAHSHID, MD^{F†}

Provider ID: 100110351005

5222 BALBOA AVE STE 31
SAN DIEGO, CA 92117

(858) 565-6394

Faroese, Farsi, French

Effective as of 01-APR-18

HAMIDI, MAHSHID, MD^{F†}

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^{F†}

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^{F†}

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^{F†}

Provider ID: 100110351013

5222 BALBOA AVE STE 31
SAN DIEGO, CA 92117

(858) 565-6394

Faroese, Farsi, French

Effective as of 01-AUG-20

HEIMLER, GRAHAM, MD^M

Provider ID: 100395560005

9333 GENESEE AVE
SAN DIEGO, CA 92121

(800) 926-8273

Effective as of 01-JUL-23

HEINRICI, ALEKA, MD^F

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^F

Provider ID: 100418054002

6386 ALVARADO CT STE
101

SAN DIEGO, CA 92120

(858) 554-1212

Effective as of 01-NOV-23

HENRY, REBECCA, MD^F

Provider ID: 100418054006

6386 ALVARADO CT STE
101

SAN DIEGO, CA 92120

(858) 554-1212

Effective as of 01-APR-24

HOUGHTON, ROBERT, MD^{M†}

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^{M†}

Provider ID: 100038612009

3562 GOVERNOR DR STE 1
SAN DIEGO, CA 92122

(858) 774-5157

Effective as of 01-MAY-21

JOHN, TANNER, MD^M

Provider ID: 100415495003

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

(619) 662-4100

Teleservice

Effective as of 01-OCT-23

KAUFHOLD, ANNE, MD^{F†}

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^{M†}

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^{F†}

Provider ID: 100064070025

1032 BROADWAY
SAN DIEGO, CA 92101

(619) 795-5991

Arabic, Armenian, Spanish

Teleservice

Effective as of 01-NOV-21

C1. Lista de proveedores de la red
Proveedores de atención primaria

KUNIN-RIDA, TERI, MD^{F†}
 Provider ID: 100064070020
 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 (619) 255-9155
 Arabic, Armenian, Spanish
 Teleservice
 Effective as of 01-NOV-21

KUNIN-RIDA, TERI, MD^{F†}
 Provider ID: 100064070026
 4171 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 (619) 269-1269
 Arabic, Armenian, Spanish
 Teleservice
 Effective as of 01-NOV-21

LEBANO, RICHARD, MD^M
 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^M
 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^M
 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^{M†}

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^{M†}
 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^{M†}
 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^{M†}
 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^F
 Provider ID: 100427447004
 4171 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 (619) 269-1269
 Teleservice
 Effective as of 01-APR-24

MONTENEGRO, CLAUDIA, DO^F
 Provider ID: 100427447003
 4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105
 (619) 255-9155
 Teleservice
 Effective as of 01-APR-24

MORALES, ALEJANDRA, MD^{F†}
 Provider ID: 100363732006
 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113
 (619) 662-4100
 Effective as of 01-MAY-22

MORALES, ALEJANDRA, MD^{F†}
 Provider ID: 100363732003
 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113
 (619) 662-4100
 Effective as of 01-JAN-21

NGUYEN, LINHKIEU, MD^{F†}
 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^{F††}
 Provider ID: 100104992004
 4444 EL CAJON BLVD STE
 6
 SAN DIEGO, CA 92115
 (619) 285-1522
 Cambodian, Cantonese,
 Mandarin
 Effective as of 01-JAN-14

NGUYEN, HUONG, MD^{F†}
 Provider ID: 100104992018
 4444 EL CAJON BLVD STE
 6
 SAN DIEGO, CA 92115
 (619) 285-1522
 Cambodian, Cantonese,
 Mandarin

C1. Lista de proveedores de la red


Proveedores de atención primaria

Effective as of 01-OCT-23

NGUYEN, LINHKIEU, MD^{F†}

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

^{F*}

Provider ID: 100394347011

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 (619) 280-4213

 Spanish


Teleservice

Effective as of 01-OCT-23

RECALDE, FRANCISCO, MD^{M†}

Provider ID: 100015266018

 3811 EL CAJON BLVD
SAN DIEGO, CA 92105

 (619) 284-5622


 Spanish

Effective as of 01-JAN-21

RECALDE, FRANCISCO, MD^{M†}

Provider ID: 100015266003

 3811 EL CAJON BLVD
SAN DIEGO, CA 92105

 (619) 284-5622


 Spanish

Effective as of 01-SEP-09

RITTER, STEVEN, DO^{M†}

Provider ID: 100332302002


 950 S EUCLID AVE
SAN DIEGO, CA 92114


 (619) 662-4100

Effective as of 01-AUG-18

RODRIGUEZ, SEAN, MD^M

Provider ID: 100197884009

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

 (619) 662-4100


 Spanish


Effective as of 01-MAR-21

SALEH, ANDREW, MD^{M†}

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^{M†}

Provider ID: 100187888011

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 (619) 255-9155


Teleservice

Effective as of 01-JUL-21

SAZEGAR, PAYAM, MD^{M†}

Provider ID: 100187888013

 4171 FAIRMOUNT AVE
SAN DIEGO, CA 92105


 (619) 269-1269


Teleservice

Effective as of 01-JUL-21

SCOTT, LAGINA, MD^F

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^{F†}

Provider ID: 100132296015

 5555 RESERVOIR DR STE
312

SAN DIEGO, CA 92120

 (619) 639-7285

 Faroese, Farsi, Spanish


Effective as of 01-APR-18


SHAMANI, AZAM, MD^{F†}

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^{F†}

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^{F†}

Provider ID: 100132296021

 5555 RESERVOIR DR STE
312

SAN DIEGO, CA 92120

 (619) 639-7285


 Faroese, Farsi, Spanish

Effective as of 01-JAN-21

SINGER, JACOB, MD^M

Provider ID: 100340992007

 4320 GENESEE AVE
SAN DIEGO, CA 92117


 (858) 598-6789

Effective as of 01-OCT-23

SINGER, JACOB, MD^M

Provider ID: 100340992008

 4320 GENESEE AVE
SAN DIEGO, CA 92117

 (858) 598-6789


Effective as of 01-DEC-23


SIVA, TENAYA, MD^M

Provider ID: 100418703003

C1. Lista de proveedores de la red

Proveedores de atención primaria

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

 (619) 662-4100

Teleservice


Effective as of 01-NOV-23

SNYDER, CHRISTOPHER, DO^{Mt}

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^F

Provider ID: 100387928007

 4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

 (619) 255-9155

Teleservice


Effective as of 01-MAY-22

STONES, RACHEL, MD^F

Provider ID: 100387928008

 4171 FAIRMOUNT AVE

SAN DIEGO, CA 92105

 (619) 269-1269

Teleservice


Effective as of 01-MAY-22

SZMIDT, MARIA, MD^F

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

SZMIDT, MARIA, MD^F

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


TEGUH, COLLIN, DO^{Mt}

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^F

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^{Ft}

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^{Ft}

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^{Ft}

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^{Ft}

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^F

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^{Ft}

Provider ID: 100090572016

 9800 GLEN CENTER DR

SAN DIEGO, CA 92131

 (858) 832-2500

Teleservice


Effective as of 01-NOV-23

WONG, CALVIN, MD^{Mt}

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^{Ft}

Provider ID: 100246155015

 4320 GENESEE AVE STE

103

SAN DIEGO, CA 92117

 (858) 598-6789

 Chinese

Teleservice

Effective as of 01-JUN-22

C1. Lista de proveedores de la red

Proveedores de atención primaria

YUEN, SELENE, MD^{F†}

Provider ID: 100246155013
4320 GENESEE AVE STE 103
SAN DIEGO, CA 92117
(858) 598-6789
Chinese
Teleservice
Effective as of 01-APR-22

ZINK, IRENE, MD^{F†}

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^{F†}

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

C1. Lista de proveedores de la red

Proveedores de atención primaria

 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: PG0083606006

 9855 ERMA RD STE 105
SAN DIEGO, CA 92131

 (844) 200-2426


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 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. Lista de proveedores de la red
Proveedores de atención primaria



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^{M†}
 Provider ID: 100104392015
 3490 PALM AVE
 SAN DIEGO, CA 92154
 (619) 423-5616
 Spanish
 Teleservice
 Effective as of 01-JAN-21



BORRERO, MARCOS, MD^{M††}
 Provider ID: 100104392019
 3490 PALM AVE
 SAN DIEGO, CA 92154
 (619) 423-5616



 Spanish
 Teleservice
 Effective as of 01-JUN-23
BORRERO, MARCOS, MD^{M†}
 Provider ID: 100104392016
 3490 PALM AVE
 SAN DIEGO, CA 92154
 (619) 423-5616
 Spanish
 Teleservice
 Effective as of 01-NOV-20




BORRERO, MARCOS, MD^{M†}
 Provider ID: 100104392005
 3490 PALM AVE
 SAN DIEGO, CA 92154
 (619) 423-5616
 Spanish
 Teleservice
 Effective as of 01-MAY-18




BORRERO, MARCOS, MD^{M†}
 Provider ID: 100104392018
 3490 PALM AVE
 SAN DIEGO, CA 92154
 (619) 423-5616
 Spanish
 Teleservice
 Effective as of 01-DEC-21




DABROWSKI, THOMAS, MD^M
 Provider ID: 100343180011
 3900 5TH AVE STE 110
 SAN DIEGO, CA 92103
 (858) 554-1212
 Effective as of 01-APR-24




DENYSIAK, JACQUELINE, MD^{F†}
 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^{F*}**
 Provider ID: 100325246016
 3490 PALM AVE
 SAN DIEGO, CA 92154
 (619) 423-5616
 Teleservice
 Effective as of 01-JUL-23

GUEFEN, URI, MD^M
 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^{F†}
 Provider ID: 100075657018
 5222 BALBOA AVE STE 31
 SAN DIEGO, CA 92117
 (858) 277-9669
 Japanese
 Effective as of 01-MAY-22

KIDOKORO, YASUKO, MD^{F†}
 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^{F†}
 Provider ID: 100075657015
 5222 BALBOA AVE STE 31
 SAN DIEGO, CA 92117
 (858) 277-9669
 Japanese
 Effective as of 01-JAN-21

MIRKARIMI, MORTEZA, MD^{M†}
 Provider ID: 100084653010

C1. Lista de proveedores de la red

Proveedores de atención primaria

3863 CLAIREMONT DR
SAN DIEGO, CA 92117
(858) 483-5570
Faroese, Farsi, Spanish
Effective as of 01-JAN-21

MIRKARIMI, MORTEZA, MD^{Mt}

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^{Mt}

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^{Ft}

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^{Ft}

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^{Mt}

Provider ID: 100015266021
3811 EL CAJON BLVD

SAN DIEGO, CA 92105
(619) 284-5622
Spanish
Effective as of 01-SEP-22

RECALDE, FRANCISCO, MD^{Mt}

Provider ID: 100015266017
3811 EL CAJON BLVD
SAN DIEGO, CA 92105
(619) 284-5622
Spanish
Effective as of 01-AUG-20

RECALDE, FRANCISCO, MD^{Mt}

Provider ID: 100015266020
3811 EL CAJON BLVD
SAN DIEGO, CA 92105
(619) 284-5622
Spanish
Effective as of 01-JAN-21

RECALDE, FRANCISCO, MD^{Mt}

Provider ID: 100015266019
3811 EL CAJON BLVD
SAN DIEGO, CA 92105
(619) 284-5622
Spanish
Effective as of 01-JAN-21

INTERNAL MEDICINE

AL-SALEH, YADANI, MD^{Ft}

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^{Ft}

Provider ID: 100358544012
3737 MORAGA AVE STE
B103
SAN DIEGO, CA 92117

(858) 799-0855
Spanish
Effective as of 01-DEC-22

AL-SALEH, YADANI, MD^{Ft}

Provider ID: 100358544019
3737 MORAGA AVE STE
B103
SAN DIEGO, CA 92117
(858) 799-0855
Spanish
Effective as of 01-SEP-23

BUTLER, LISA, MD^{Ft}

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^{Ft}

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^{Mt}

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^{Mt}

Provider ID: 100077227048
2939 BEYER BLVD
SAN DIEGO, CA 92154
(619) 423-0343
Portuguese, Spanish,

C1. Lista de proveedores de la red
Proveedores de atención primaria

Tagalog
 Teleservice
 Effective as of 01-SEP-20


DE CARVALHO, CARLOS, MD^{M†}

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^{M†}

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^{M†}

Provider ID: 100103500013
 4171 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 (619) 269-1269
 Arabic
 Teleservice
 Effective as of 01-AUG-22

ELIAS, RAMIZ, MD^{M†}

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^{M†}

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^M

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^M

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^M

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^M

Provider ID: 100011192019
 10737 CAMINO RUIZ STE 115
 SAN DIEGO, CA 92126
 (858) 695-1262
 Japanese, Spanish, Tagalog
 Effective as of 01-JAN-21



FABELLA, GABRIEL, MD^M

Provider ID: 100011192021
 10737 CAMINO RUIZ STE 115
 SAN DIEGO, CA 92126
 (858) 695-1262
 Japanese, Spanish, Tagalog
 Effective as of 01-MAY-23



FAKHRO, SAMEEH, MD^{M†}

Provider ID: 100379921002
 3490 PALM AVE
 SAN DIEGO, CA 92154
 (619) 423-5616
 Effective as of 01-NOV-21



FAKHRO, SAMEEH, MD^{M†}

Provider ID: 100379921011
 3490 PALM AVE
 SAN DIEGO, CA 92154
 (619) 423-5616
 Effective as of 01-JUN-23




FAKHRO, SAMEEH, MD^{M†}

Provider ID: 100379921006
 3490 PALM AVE
 SAN DIEGO, CA 92154
 (619) 423-5616
 Effective as of 01-APR-22




FAKHRO, SAMEEH, MD^{M†}

Provider ID: 100379921004
 3490 PALM AVE
 SAN DIEGO, CA 92154
 (619) 423-5616
 Effective as of 01-DEC-21

FRANK, STEWART, MD^{M††}

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^{M†}

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^{F††}

CI. Lista de proveedores de la red

Proveedores de atención primaria

Provider ID: 100023101004

1101 FELSPAR ST
SAN DIEGO, CA 92109
(858) 483-1720
French

Effective as of 01-AUG-05

GREEN, BILLIE, MD^{F†}

Provider ID: 100023101005

1101 FELSPAR ST
SAN DIEGO, CA 92109
(858) 483-1720
French

Effective as of 01-SEP-09

GUHAROY, ASIM, MD^{M†}

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^{M†}

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^{M†}

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^{M†}

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^{M†}

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^M

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^{M†}

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^M

Provider ID: 100418814003

6386 ALVARADO CT STE
101
SAN DIEGO, CA 92120
(858) 554-1212

Effective as of 01-APR-24

HENRY, ANEEL, MD^M

Provider ID: 100418814002

6386 ALVARADO CT STE
101
SAN DIEGO, CA 92120
(858) 554-1212

Effective as of 01-DEC-23

HUA, NATHAN, MD^M

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^M

Provider ID: 100427366002

4551 EL CAJON BLVD
SAN DIEGO, CA 92115
(619) 280-7185

Teleservice

Effective as of 01-APR-24

KHEHAR, BHUPINDER, MD^{M†}

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^{M†}

Provider ID: 100063083007

4060 4TH AVE STE 102
SAN DIEGO, CA 92103
(619) 298-2900

Effective as of 01-NOV-22

KURUVADI, NISHA, DO^{F*}

Provider ID: 100412012004

4276 54TH PL STE B
SAN DIEGO, CA 92115
(619) 267-0553

Effective as of 01-OCT-23

KURUVADI, NISHA, DO^F

Provider ID: 100412012007

4276 54TH PL STE B
SAN DIEGO, CA 92115
(619) 267-0553

CI. Lista de proveedores de la red

Proveedores de atención primaria

Effective as of 01-APR-24

MOSSON, MARK, MD^{M†}

Provider ID: 100176768003

4060 4TH AVE STE 505
SAN DIEGO, CA 92103

(619) 298-1318

Effective as of 01-AUG-13

NAJAR, FAUZI, MD^M

Provider ID: 100390568002

3490 PALM AVE
SAN DIEGO, CA 92154

(619) 423-5616

Arabic

Effective as of 01-AUG-22

NAJAR, FAUZI, MD^{M*}

Provider ID: 100390568005

3490 PALM AVE
SAN DIEGO, CA 92154

(619) 423-5616

Arabic

Effective as of 01-JUN-23

NAJAR, FAUZI, MD^M

Provider ID: 100390568003

3490 PALM AVE
SAN DIEGO, CA 92154

(619) 423-5616

Arabic

Effective as of 01-DEC-22

NAJAR, FAUZI, MD^M

Provider ID: 100390568007

3490 PALM AVE
SAN DIEGO, CA 92154

(619) 423-5616

Arabic

Effective as of 01-OCT-23

NGUYEN, NGOCBICH, MD^F

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^F

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^{F†}

Provider ID: 100328564035

995 GATEWAY CENTER
WAY

SAN DIEGO, CA 92102

(619) 264-1935

Spanish

Effective as of 01-SEP-22

QUINONEZ, JOSE, MD^M

Provider ID: 100085905004

250 MARKET ST
SAN DIEGO, CA 92101

(619) 239-9675

Spanish

Effective as of 01-FEB-07

RAMINENI, NEELAKANTAN, MD^{M†}

Provider ID: 100051318002

4537 COLLEGE AVE
SAN DIEGO, CA 92115

(619) 265-0504

Spanish, Telugu

Effective as of 01-FEB-07

RAMINENI, NEELAKANTAN, MD^{M†}

Provider ID: 100051318005

4537 COLLEGE AVE
SAN DIEGO, CA 92115

(619) 265-0504

Spanish, Telugu

Effective as of 01-NOV-18

RIADH, MAYSAM, MD^F

Provider ID: 100413125002

3260 3RD AVE
SAN DIEGO, CA 92103

(619) 297-3737

Arabic

Effective as of 01-SEP-23

SHAJAN, JOSHAN, MD^M

Provider ID: 100422554002

3863 CLAIREMONT DR
SAN DIEGO, CA 92117

(858) 483-5570

Spanish

Effective as of 01-FEB-24

SHI, RONG, MD^{F†}

Provider ID: 100133432007

3260 3RD AVE
SAN DIEGO, CA 92103

(619) 297-3737

Mandarin

Effective as of 01-AUG-15

SPECKART, PAUL, MD^{M††}

Provider ID: 100053933006

3260 3RD AVE
SAN DIEGO, CA 92103

(619) 297-3737

Effective as of 01-FEB-07

SZMIDT, MARIA, MD^F

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^F




Provider ID: 100077390010

C1. Lista de proveedores de la red




Proveedores de atención primaria

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
 (619) 255-9155
Effective as of 01-JUN-23



VILLA, MARIA, MD^{F†}

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^M

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^{M†}

Provider ID: 100384223003
 292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
 (619) 662-4100
Effective as of 01-MAR-22



WILLGING, STEFAN, MD^{M†}

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^{M†}




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^{M†}

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^{F†}



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^{M†}



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^{M†}



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^{M†}




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^{M†}

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^{M†}

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^{M†}

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^{M†}

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. Lista de proveedores de la red

Proveedores de atención primaria

PANDY, LIZANDER, DO^{M†}

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^{M†}

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^{F†}

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^{F†}

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^{M†}

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^{M†}

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^{M*}

Provider ID: 100017458004

📍 32281 CAMINO CPSTRN
C102

SAN JUAN CAPISTRANO,
CA 92675

☎ (949) 493-7981

Effective as of 01-JAN-18

NGUYEN, THUYTRANG, MD^{F†}

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^M

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^M

Provider ID: 100138232021

📍 150 VALPREDA RD
SAN MARCOS, CA 92069

☎ (760) 736-6767

🗂 Bengali

Effective as of 01-APR-24

WILLIE, KADEN, DO^M

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^{M†}

Provider ID: 100099164012

📍 150 VALPREDA RD
SAN MARCOS, CA 92069

☎ (760) 736-6767

🗂 Spanish




Effective as of 01-OCT-14

PONIACHIK, SAMUEL, MD^{M†}

Provider ID: 100099164020




C1. Lista de proveedores de la red

Proveedores de atención primaria

 150 VALPRED A RD
SAN MARCOS, CA 92069
 (760) 736-6767
 Spanish
Effective as of 01-APR-24

WITCZAK, IZABELA, MD^{F†}



Provider ID: 100036527006

 150 VALPRED A RD
SAN MARCOS, CA 92069
 (760) 736-6767
 Polish
Effective as of 01-FEB-19

FAMILY PRACTICE



ALGHAMDI, ASMA, MD^{F†}

Provider ID: 100359014012

 1666 PRECISION PARK LN
SAN YSIDRO, CA 92173
 (619) 662-4100
Effective as of 01-AUG-22




ALGHAMDI, ASMA, MD^{F†}

Provider ID: 100359014004

 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
Effective as of 01-JAN-21



ALVAREZ-ESTRADA, MIGUEL, MD^{M†}

Provider ID: 100360099010

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish
Effective as of 01-JAN-21

ALVAREZ-ESTRADA, MIGUEL, MD^{M†}




Provider ID: 100360099011

 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100

 Spanish
Effective as of 01-JAN-21




ARRIETA, NOEMI, DO^F

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^{F†}

Provider ID: 100066452012

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish
Effective as of 01-JAN-21




CUTLER, MICHAEL, MD^M

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^M

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^M




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^{F†}

Provider ID: 100163378008

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish
Effective as of 01-NOV-20




HERNANDEZ, RALPH, MD^{M†}

Provider ID: 100080408013

 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish
Effective as of 01-JAN-21



HERNANDEZ, RALPH, MD^{M†}

Provider ID: 100080408021

 1666 PRECISION PARK LN
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish
Effective as of 01-AUG-22




LEE, JOSEPH, MD^{M†}

Provider ID: 100368709004

 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
Teleservice
Effective as of 01-AUG-21

LEPEZ, DAVID, MD^{M†}

Provider ID: 100255267002




 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish
Effective as of 01-NOV-15




LEPEZ, DAVID, MD^{M†}




Provider ID: 100255267005




C1. Lista de proveedores de la red




Proveedores de atención primaria



 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish
Effective as of 01-APR-23


MOYA, MARY, MD^{F*}
Provider ID: 100099596010
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish
Effective as of 01-APR-23




NAVARRO, VANESSA, MD^{F†}
Provider ID: 100173914015
 1666 PRECISION PARK LN
SAN YSIDRO, CA 92173
 (619) 662-4100
 Filipino, Spanish, Tagalog
Effective as of 01-AUG-22




NAVARRO, VANESSA, MD^{F†}
Provider ID: 100173914012
 3364 BEYER BLVD STE 103
SAN YSIDRO, CA 92173
 (619) 662-4100
 Filipino, Spanish, Tagalog
Effective as of 01-JAN-21



ORTEGA, LUIS, MD^{M†}
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^{F††}
Provider ID: 100394347003
 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100

 Spanish
Teleservice
Effective as of 01-OCT-22



RAJAIPOUR, NEGIN, MD^{F†}
Provider ID: 100300998007
 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 Farsi
Effective as of 01-JAN-21

SNYDER, CHRISTOPHER, DO^{M†}
Provider ID: 100024789042
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish
Effective as of 01-JAN-21



STALEY, MICHAELA, MD^{F†}
Provider ID: 100359422003
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
Effective as of 01-JAN-21



TALAVERA, GREGORY, MD^M
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^F
Provider ID: 100042216003
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 German, Persian
Effective as of 01-FEB-24

DILLON, BENEDICT, MD^{M††}
Provider ID: 100166636010
 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish
Effective as of 01-JAN-21




PROMER, KATHERINE, MD^{F†}
Provider ID: 100357070007
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100

C1. Lista de proveedores de la red



Proveedores de atención primaria

 Spanish
Effective as of 01-MAY-22




RAMIREZ SANCHEZ, CLAUDIA, MD^{Ft}

Provider ID: 100392011002
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish
Effective as of 01-AUG-22




SALERNO, MARIANA, MD^{Ft}

Provider ID: 100287873007
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
Teleservice
Effective as of 01-MAR-21

SY, RAMON, MD^{Mt}



Provider ID: 100062889003
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish, Tagalog
Effective as of 01-AUG-22

SY, RAMON, MD^{Mt}

Provider ID: 100062889014
 1666 PRECISION PARK LN
SAN YSIDRO, CA 92173
 (619) 662-4100
 Spanish, Tagalog
Effective as of 01-AUG-22



FAMILY PRACTICE

ADEMA, DONALD, DO^M



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^{Mt}



Provider ID: 100378968002
 120 TOWN CENTER PKWY
SANTEE, CA 92071
 (619) 662-4100
Teleservice
Effective as of 01-NOV-21

GUERRA, JACQUELINE, MD^{Ft}

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^{Ft}



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^M



Provider ID: 100018082011
 380 STEVENS AVE STE 310
SOLANA BEACH, CA 92075
 (858) 554-1212
Effective as of 01-AUG-23

WISNIEWSKI, MORRIS, MD^M

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^F

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^{Ft}

Provider ID: 100343610010
 27190 SUN CITY BLVD
SUN CITY, CA 92586
 (951) 676-4193
Teleservice
Effective as of 01-NOV-20

BEHNAWA, SUSAN, MD^{Ft}


Provider ID: 100343610004
 27190 SUN CITY BLVD
SUN CITY, CA 92586
 (951) 676-4193
Teleservice
Effective as of 01-JAN-20

GANTA, SANYASI, MD^{Mt}




Provider ID: 100113069006
 26960 CHERRY HILLS
BLVD STE A
SUN CITY, CA 92586
 (951) 672-2856

C1. Lista de proveedores de la red




Proveedores de atención primaria

 Hindi, Spanish, Telugu
Teleservice
Effective as of 01-AUG-16




GANTA, SANYASI, MD^{M†}

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

GANTA, SANYASI, MD^{M†}




Provider ID: 100113069009
 26960 CHERRY HILLS
BLVD STE A
SUN CITY, CA 92586
 (951) 672-2856
 Hindi, Spanish, Telugu
Teleservice
Effective as of 01-NOV-17

SCHOONMAKER, JOHN, DO^{M†}


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^{M†}



Provider ID: 100068936002
 27830 BRADLEY RD
SUN CITY, CA 92586
 (951) 679-2358
 Vietnamese
Effective as of 01-SEP-09

NGUYEN, DAVID, MD^M

Provider ID: 100105561002
 27830 BRADLEY RD




SUN CITY, CA 92586
 (951) 679-2358
 Vietnamese
Effective as of 01-NOV-12

STANFORD, DAVID, MD^{M†}




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^F

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^M



Provider ID: 100152029007
 41715 WINCHESTER RD
TEMECULA, CA 92590
 (951) 694-9449
 Spanish
Effective as of 01-AUG-20

AYON MARTINEZ, CARLOS, MD^M




Provider ID: 100152029006
 41840 ENTERPRISE CIR N
TEMECULA, CA 92590
 (619) 440-2751
 Spanish
Effective as of 01-AUG-20

BAILEY, CRISTINA, MD^{F†}



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^{F†}

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^F

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^M

Provider ID: 100422006002
 31720 TEMECULA PKWY
STE 200
TEMECULA, CA 92592
 (833) 684-4642
Effective as of 01-JAN-24



BRIGGS, BRIDGET, MD^F

Provider ID: 100069323005
 31170 TEMECULA PKWY
STE 100
TEMECULA, CA 92592
 (951) 698-6090
 Spanish
Effective as of 01-JAN-16




CAMARILLO, DANIEL, MD^{M†}

Provider ID: 100110735008
 28780 SINGLE OAK DR STE
160



C1. Lista de proveedores de la red
Proveedores de atención primaria

TEMECULA, CA 92590
 (951) 676-4193
 Spanish
 Effective as of 01-MAR-12




CAMARILLO, DANIEL, MD^{M†}

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^F

Provider ID: 100350271003
 41840 ENTERPRISE CIR N
 TEMECULA, CA 92590
 (951) 225-6400
 Effective as of 01-MAR-22



COMBS, WALTER, MD^{M†}

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^{M†}



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^{M†}




Provider ID: 100337168003
 28780 SINGLE OAK DR STE 160
 TEMECULA, CA 92590
 (951) 676-4193

Effective as of 01-DEC-18




DORR, KASIE, DO^F

Provider ID: 100422004002
 41840 ENTERPRISE CIR N
 TEMECULA, CA 92590
 (951) 225-6400
 Effective as of 01-JAN-24




ELKAYAM, ISAK, MD^M

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^{M†}

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^{F†}

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^{M†}

Provider ID: 100089154013
 31720 TEMECULA PKWY STE 203
 TEMECULA, CA 92592
 (951) 302-4700
 Effective as of 01-FEB-21




MADRID, RICHARD, MD^{M†}

Provider ID: 100077741005
 28780 SINGLE OAK DR STE 160
 TEMECULA, CA 92590
 (951) 676-4193
 Effective as of 01-OCT-05



MADRID, RICHARD, MD^{M†}

Provider ID: 100077741014
 28780 SINGLE OAK DR STE 160
 TEMECULA, CA 92590
 (951) 676-4193
 Effective as of 01-NOV-20



MAJEED, WASAN, MD^F

Provider ID: 100398263003
 41840 ENTERPRISE CIR N
 TEMECULA, CA 92590
 (951) 225-6400
 Arabic
 Effective as of 01-MAR-23



MCDONALD, ROBERT, MD^{M†}

Provider ID: 100093825003
 31493 RANCHO PUEBLO RD STE 107
 TEMECULA, CA 92592
 (951) 303-3337
 Effective as of 01-OCT-09

MCDONALD, MARY, MD^F

Provider ID: 100051408003
 31493 RANCHO PUEBLO RD STE 107
 TEMECULA, CA 92592
 (951) 303-3337
 Effective as of 01-OCT-09

MILLER, BRANDON, DO^{M†}

Provider ID: 100148562008
 31720 TEMECULA PKWY
 TEMECULA, CA 92592
 (951) 676-4193
 Effective as of 01-OCT-11

C1. Lista de proveedores de la red

Proveedores de atención primaria

MILLER, BRANDON, DO^{M†}

Provider ID: 100148562007

28780 SINGLE OAK DR STE 160
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-OCT-11

NWOSU, MICHAEL, MD^M

Provider ID: 100367685005

41840 ENTERPRISE CIR N
TEMECULA, CA 92590

(951) 225-6400

Effective as of 01-AUG-22

PHILLIPS, LILY, MD^{F†}

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^F

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^{F†}

Provider ID: 100083398012

31150 TEMECULA PKWY STE 200
TEMECULA, CA 92592

(951) 676-4193

Arabic

Effective as of 01-AUG-16

RAHMAN, MAISARA, MD^{F†}

Provider ID: 100083398023

31720 TEMECULA PKWY
TEMECULA, CA 92592

(951) 676-4193

Arabic

Effective as of 01-NOV-20

SCHULTZ, JAMES, MD^{M†}

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^{F†}

Provider ID: 100057995006

28780 SINGLE OAK DR STE 160
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-JUL-17

VINCENT, WILLIAM, MD^{M†}

Provider ID: 100320230007

31720 TEMECULA PKWY STE 100
TEMECULA, CA 92592

(951) 225-6838

Effective as of 01-MAY-21

WISE, DOUGLAS, DO^{M††}

Provider ID: 100023557005

40285 WINCHESTER RD STE 103
TEMECULA, CA 92591

(951) 296-5844

Effective as of 01-NOV-22

ZEBARJADI, OMID, DO^M

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^{M†}

Provider ID: 100064903010

40285 WINCHESTER RD STE 103
TEMECULA, CA 92591

(951) 296-5844

Spanish

Effective as of 01-NOV-22

ZEBRACK, DAVID, DO^{M†}

Provider ID: 100064903006

40285 WINCHESTER RD STE 103
TEMECULA, CA 92591

(951) 296-5844

Spanish

Effective as of 01-SEP-04

ZURITA, DANIELA, MD^{F†}

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^{M†}

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^F

Provider ID: 100411369003


28780 SINGLE OAK DR STE 160
TEMECULA, CA 92590


C1. Lista de proveedores de la red

Proveedores de atención primaria

 (951) 676-4193
Effective as of 01-NOV-23

GISI, SYLVIA, MD^F


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^{M†}


Provider ID: 100379005002
 27403 YNEZ RD STE 108
TEMECULA, CA 92591

 (951) 750-7888

Effective as of 01-NOV-21


KIM, IRENE, DO^F


Provider ID: 100380710003
 28780 SINGLE OAK DR STE
160
TEMECULA, CA 92590

 (951) 676-4193

Effective as of 01-JAN-22


MAPLETON, SHARINA, DO^F


Provider ID: 100384944005
 41840 ENTERPRISE CIR N
TEMECULA, CA 92590

 (951) 225-6400

Effective as of 01-FEB-24

SALAS, ERNESTO, MD^{M†}

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^M

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^M


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^M

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^{M*}

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^{F†}

Provider ID: 100015309003

 1954 VIA CTR STE B
VISTA, CA 92081

 (760) 529-9700


 Tagalog

Effective as of 01-DEC-15

DONNELL, MARTI, MD^{F*}

Provider ID: 100049875024

 134 GRAPEVINE RD
VISTA, CA 92083

 (844) 308-5003


 Spanish

Effective as of 01-JAN-24

DONNELL, MARTI, MD^{F*}

Provider ID: 100049875023

 1000 VALE TERRACE DR
VISTA, CA 92084

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

ESPINOSA-SILVA, YAMINAH, DO^{F*}

Provider ID: 100358800014

 1000 VALE TERRACE DR
VISTA, CA 92084

 (760) 631-5000


 Spanish

Effective as of 01-JAN-24

ESPINOSA-SILVA, YAMINAH, DO^{F*}

Provider ID: 100358800015

 134 GRAPEVINE RD
VISTA, CA 92083

 (760) 631-5000

 Spanish



Effective as of 01-JAN-24



FERBER, JEFFREY, MD^{M††}



Provider ID: 100092669014



CI. Lista de proveedores de la red



Proveedores de atención primaria




 1926 VIA CTR
 VISTA, CA 92081
 (760) 940-7000
 Effective as of 01-SEP-21


HIKES, RYAN, MD^M
 Provider ID: 100391207004
 1000 VALE TERRACE DR
 VISTA, CA 92084
 (760) 631-5000
 Effective as of 01-NOV-22



HIKES, RYAN, MD^M
 Provider ID: 100391207006
 1000 VALE TERRACE DR
 VISTA, CA 92084
 (760) 631-5000
 Effective as of 01-AUG-23




HIKES, RYAN, MD^M
 Provider ID: 100391207008
 1000 VALE TERRACE DR
 VISTA, CA 92084
 (760) 631-5000
 Effective as of 01-JAN-24


HURD, MELISSA, MD^{F†}
 Provider ID: 100054491003
 161 THUNDER DR STE 103
 VISTA, CA 92083
 (760) 758-1988
 Effective as of 01-JUL-13




LEONARD, LISA, MD^{F†}
 Provider ID: 100278907004
 1000 VALE TERRACE DR
 VISTA, CA 92084
 (760) 631-5000
 French, Spanish
 Effective as of 01-OCT-21




MARTINEZ, LESLY, MD^{F*}
 Provider ID: 100397984039
 1000 VALE TERRACE DR
 VISTA, CA 92084




 (760) 631-5000
 Spanish
 Effective as of 01-JAN-24

MARTINEZ, LESLY, MD^{F*}
 Provider ID: 100397984035
 134 GRAPEVINE RD
 VISTA, CA 92083
 (760) 631-5000
 Spanish
 Effective as of 01-JAN-24

NOVAK, LOREN, DO^{M†}
 Provider ID: 100093766013
 1926 VIA CENTRE DRIVE
 SUITE A
 VISTA, CA 92081
 (760) 940-7000
 Effective as of 01-SEP-21




ONG, DONALD, MD^{M†}
 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^{F†}
 Provider ID: 100021772013
 145 THUNDER DR
 VISTA, CA 92083
 (760) 941-9002
 Romanian
 Effective as of 01-NOV-23

RIVERA, MIDORI, MD^F
 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^F

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^M
 Provider ID: 100325638009
 1000 VALE TERRACE DR
 VISTA, CA 92084
 (760) 631-5000
 Vietnamese
 Effective as of 01-MAR-20

TRAN, DAO, DO^M
 Provider ID: 100325638010
 134 GRAPEVINE RD
 VISTA, CA 92083
 (760) 631-5000
 Vietnamese
 Effective as of 01-MAR-20

TRAN, DAO, DO^M
 Provider ID: 100325638014
 134 GRAPEVINE RD
 VISTA, CA 92083
 (760) 631-5000
 Vietnamese
 Effective as of 01-JAN-24

TRAN, DAO, DO^M
 Provider ID: 100325638002
 134 GRAPEVINE RD
 VISTA, CA 92083
 (760) 631-5000
 Vietnamese
 Effective as of 01-JUL-19

VIDAL, MONICA, DO^{F††}
 Provider ID: 100327876041
 134 GRAPEVINE RD
 VISTA, CA 92083
 (844) 308-5003
 Spanish

C1. Lista de proveedores de la red

Proveedores de atención primaria

Effective as of 01-JAN-24

VIDAL, MONICA, DO^{F†}

Provider ID: 100327876045

1000 VALE TERRACE DR
VISTA, CA 92084

(760) 631-5000

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^{M†}

Provider ID: 100102198008

969 S SANTA FE AVE STE A
VISTA, CA 92083

(760) 941-7050

Spanish

Effective as of 01-SEP-22

OLIVA, CARLOS, MD^{M†}

Provider ID: 100102198003

969 S SANTA FE AVE STE A
VISTA, CA 92083

(760) 941-7050

Spanish

Effective as of 01-DEC-17

ONG, DONALD, MD^{M†}

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^{M†}

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^{M*}

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^M

Provider ID: 100062570008

1000 VALE TERRACE DR
VISTA, CA 92084

(760) 631-5000

Spanish

Effective as of 01-JAN-24

BOQUIN, ENRIQUE, MD^M

Provider ID: 100062570003

1000 VALE TERRACE DR
VISTA, CA 92084

(760) 631-5000

Spanish

Effective as of 01-DEC-07

BOQUIN, ENRIQUE, MD^M

Provider ID: 100062570005

1000 VALE TERRACE DR

VISTA, CA 92084

(760) 631-5000

Spanish

Effective as of 01-NOV-20

BRAR, KARANBIR, MD^{M†}

Provider ID: 100305037016

1926 VIA CTR STE A
VISTA, CA 92081

(760) 940-7000

Effective as of 01-SEP-21

CLANCY, TARA, DO^{F†}

Provider ID: 100265397003

2375 S MELROSE DR
VISTA, CA 92081

(760) 305-1900

Effective as of 01-JUL-16

CLANCY, JOHN, DO^{M†}

Provider ID: 100215810013

2375 S MELROSE DR
VISTA, CA 92081

(760) 305-1900

Effective as of 01-SEP-21

DAO, MARC, MD^M

Provider ID: 100307890016

1000 VALE TERRACE DR
VISTA, CA 92084

(760) 631-5000

French, Vietnamese

Effective as of 01-JAN-24

DAO, MARC, MD^M

Provider ID: 100307890010

1000 VALE TERRACE DR
VISTA, CA 92084

(760) 631-5000

French, Vietnamese

Effective as of 01-FEB-23

DAO, MARC, MD^M

Provider ID: 100307890014

1000 VALE TERRACE DR

CI. Lista de proveedores de la red

Proveedores de atención primaria

VISTA, CA 92084
☎ (760) 631-5000
📄 French, Vietnamese
Effective as of 01-JUN-23

HALPERIN, JASON, MD^M
Provider ID: 100400241004
📄 134 GRAPEVINE RD
VISTA, CA 92083
☎ (760) 631-5000
Effective as of 01-JAN-24

KOBAYASHI, GARY, MD^{M†}
Provider ID: 100090343008
📄 145 THUNDER DR STE 1
VISTA, CA 92083
☎ (760) 941-9002
Effective as of 01-SEP-21

LI, XIANGLI, MD^{F†}
Provider ID: 100239749009
📄 1926 VIA CTR STE A
VISTA, CA 92081
☎ (760) 940-7000
Effective as of 01-SEP-21

MOASIS, KAREEM, MD^M
Provider ID: 100379398004
📄 145 THUNDER DR
VISTA, CA 92083
☎ (760) 941-9002
📄 Arabic
Effective as of 01-JAN-24

NGUYEN, ETHAN, MD^M
Provider ID: 100362686005
📄 145 THUNDER DR
VISTA, CA 92083
☎ (760) 941-9002
Effective as of 01-AUG-22

RHIANNON, JULIA, MD^F
Provider ID: 100382647008
📄 105 DURIAN ST STE B
VISTA, CA 92083

☎ (760) 631-5000
Effective as of 01-SEP-22

RHIANNON, JULIA, MD^F
Provider ID: 100382647009
📄 1000 VALE TERRACE DR
VISTA, CA 92084
☎ (760) 631-5000
Effective as of 01-JAN-24

RHIANNON, JULIA, MD^F
Provider ID: 100382647007
📄 105 DURIAN ST STE A
VISTA, CA 92083
☎ (760) 631-5000
Effective as of 01-SEP-22

RHIANNON, JULIA, MD^F
Provider ID: 100382647010
📄 105 DURIAN ST STE B
VISTA, CA 92083
☎ (760) 631-5000
Effective as of 01-JAN-24

RHIANNON, JULIA, MD^F
Provider ID: 100382647006
📄 1000 VALE TERRACE DR
VISTA, CA 92084
☎ (760) 631-5000
Effective as of 01-SEP-22

RHIANNON, JULIA, MD^F
Provider ID: 100382647002
📄 1000 VALE TERRACE DR
VISTA, CA 92084
☎ (760) 631-5000
Effective as of 01-JAN-22

RUTMAN, MICHAEL, DO^{M†}
Provider ID: 100024612023
📄 2355 S MELROSE DR
VISTA, CA 92081
☎ (760) 598-0088
Effective as of 01-JAN-21

RUTMAN, MICHAEL, DO^{M†}
Provider ID: 100024612005
📄 2355 S MELROSE DR
VISTA, CA 92081
☎ (760) 598-0088
Effective as of 01-OCT-00

SHALI, REYZAN, MD^{F†}
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^{F*}
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^F
Provider ID: 100380064004
📄 36243 INLAND VALLEY DR
STE 160
WILDOMAR, CA 92595
☎ (951) 698-8821
Effective as of 01-JAN-22

C1. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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-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-NOV-23

SHAHINIAN, GEORGE, MD

Provider ID: N/A

11 MAREBLU STE 200
ALISO VIEJO, CA 92656
Effective as of 01-NOV-23

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-SEP-22

BINDER, NICHOLAS, MD†

Provider ID: N/A

1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Effective as of 01-JAN-21

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. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-SEP-22

PATEL, GITANE, MD[†]

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Effective as of 01-SEP-22

PATEL, GITANE, MD[†]

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Effective as of 01-JAN-21

PATEL, GITANE, MD[†]

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Effective as of 01-MAR-18

PATEL, GITANE, MD[†]

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Effective as of 01-AUG-20

OPTOMETRIST

AOTO, KIM, OD[†]

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Effective as of 01-SEP-22

DYER, SHARON, OD[†]

Provider ID: N/A

📍 1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Effective as of 01-JAN-21

DYER, SHARON, OD[†]

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[†]

Provider ID: N/A

📍 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Effective as of 01-DEC-22

FRITZ, JENNIFER, PhD[†]

Provider ID: N/A

📍 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Effective as of 01-DEC-22

SMITH, STEPHANIE, PhD[†]

Provider ID: N/A

📍 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Teleservice

Effective as of 01-AUG-22

SMITH, STEPHANIE, PhD[†]

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[†]

Provider ID: N/A

📍 31722 RAILROAD CANYON
RD

CANYON LAKE, CA 92587

Effective as of 01-JUL-23

ANESTHESIOLOGY PAIN MANAGEMENT

MADHAV, SANDIP, MD[†]

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD
STE 200

CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-20

MADHAV, SANDIP, MD[†]

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD
STE 200

CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

PRASAD, RUPA, MD[†]

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD
STE 200

CARLSBAD, CA 92011

Teleservice

Effective as of 01-NOV-21

PRASAD, RUPA, MD[†]

Provider ID: N/A

📍 6010 HIDDEN VALLEY RD
STE 200

CARLSBAD, CA 92011

Teleservice

C1. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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-JAN-24

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-OCT-22

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

RILEY, JESSICA, DO†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 120
CARLSBAD, CA 92011

Effective as of 01-JAN-24

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

ZUBAIR, RAHEEL, MD

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 120
CARLSBAD, CA 92011*
Effective as of 01-NOV-23

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. Lista de proveedores de la red Médico de atención especializada

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-NOV-21

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-FEB-22

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-JAN-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-SEP-22

HALL, JACOB, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200

CARLSBAD, CA 92011
Effective as of 01-JAN-24

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

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-JAN-21

LOBATZ, MICHAEL, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200

CARLSBAD, CA 92011
Effective as of 01-FEB-16

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-MAR-21

NIELSEN, AMY, DO†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200

CARLSBAD, CA 92011
Effective as of 01-SEP-21

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. Lista de proveedores de la red
Médico de atención especializada**

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

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

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-SEP-22

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-NOV-23

QUESNELL, TARA, DO†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-21

QUESNELL, TARA, DO†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-JAN-24

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-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-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

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-JAN-21

SCHIM, JACK, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011

Effective as of 01-FEB-16

WANG, CHUNYANG, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011

Effective as of 01-FEB-16

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-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, 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-SEP-21

WANG, CHUNYANG, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011

Effective as of 01-JAN-24

WANG, ANCHI, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011

Effective as of 01-FEB-16

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†

C1. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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[†]

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-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

PAULITSCH-BUCKINGHAM, ANDREA, MD[†]

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 115
CARLSBAD, CA 92011
Effective as of 01-OCT-23

PAULITSCH-BUCKINGHAM, ANDREA, MD[†]

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 115
CARLSBAD, CA 92011
Effective as of 01-OCT-23

PAULITSCH-BUCKINGHAM, ANDREA, MD[†]

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 115
CARLSBAD, CA 92011
Effective as of 01-OCT-23

PAULITSCH-BUCKINGHAM, ANDREA, MD[†]

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 115
CARLSBAD, CA 92011
Effective as of 01-OCT-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JAN-24

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-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

C1. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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-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

NAVARRO, ROSA, MD†

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 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. Lista de proveedores de la red Médico de atención especializada

 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

 865 3RD AVE STE 133
CHULA VISTA, CA 91911
Effective as of 01-JAN-23

SHAH, ABHISHEK, MD†


Provider ID: N/A

 765 MEDICAL CENTER CT
STE 211
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. Lista de proveedores de la red Médico de atención especializada

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-21

KIM, JAMES, MD†

Provider ID: N/A

754 MEDICAL CENTER CT STE 101
CHULA VISTA, CA 91911
Teleservice
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-JUN-23

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-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. Lista de proveedores de la red Médico de atención especializada

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-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

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

C1. Lista de proveedores de la red Médico de atención especializada

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[†]

Provider ID: N/A

865 3RD AVE STE 133
CHULA VISTA, CA 91911
Effective as of 01-JAN-23

SHAH, ABHISHEK, MD[†]

Provider ID: N/A

765 MEDICAL CENTER CT
STE 211
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

SHAH, KULIN, MD[†]

Provider ID: N/A

765 MEDICAL CENTER CT
STE 211
CHULA VISTA, CA 91911
Effective as of 01-JAN-23

SHEREV, DIMITRI, MD[†]

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[†]

Provider ID: N/A

865 3RD AVE STE 133
CHULA VISTA, CA 91911
Effective as of 01-JAN-23

SUDHAKAR, DEEPTHI, MD[†]

Provider ID: N/A

765 MEDICAL CENTER CT
STE 211
CHULA VISTA, CA 91911
Effective as of 01-JAN-23

WYSOCZANSKI, MARIUSZ, MD[†]

Provider ID: N/A

754 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-23

WYSOCZANSKI, MARIUSZ, MD[†]

Provider ID: N/A

754 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JUN-23

WYSOCZANSKI, MARIUSZ, MD[†]

Provider ID: N/A

754 MEDICAL CENTER CT
STE 101

CHULA VISTA, CA 91911
Effective as of 01-JUN-21

YAU, STEPHEN, MD[†]

Provider ID: N/A

429 BROADWAY
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-AUG-22

YAU, STEPHEN, MD[†]

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[†]

Provider ID: N/A

340 4TH AVE STE 19
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-SEP-21

WILCOX, WENONAH, LAC[†]

Provider ID: N/A

786 3RD AVE STE B
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

CERTIFIED NURSE

PRACTITIONER

C1. Lista de proveedores de la red Médico de atención especializada

BRAYTENBAH, MELANIE, NP†

Provider ID: N/A

752 MEDICAL CENTER CT
STE 302
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-SEP-22

BRAYTENBAH, MELANIE, NP†

Provider ID: N/A

752 MEDICAL CENTER CT
STE 302
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JAN-21

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-FEB-24

KELLER, YESENIA, NP

Provider ID: N/A

340 FOURTH AVE
STE 11
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUL-23

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

C1. Lista de proveedores de la red Médico de atención especializada

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, PETER, MD†
Provider ID: N/A

 256 LANDIS AVE STE 300
CHULA VISTA, CA 91910
Effective as of 01-SEP-15


RULLAN, JENNIFER, MD†
Provider ID: N/A

 256 LANDIS AVE STE 300
CHULA VISTA, CA 91910
Effective as of 01-MAR-14


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-SEP-22

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-DEC-22

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-NOV-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

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

EMERGENCY MEDICINE

AZAM, ARSALAN, MD
Provider ID: N/A


 333 H ST STE 2080
CHULA VISTA, CA 91910

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-22


DILLMAN, ARIANA, MD†

Provider ID: N/A

 333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JAN-21


EINSTEIN, ERIC, MD†

Provider ID: N/A

 333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JAN-21


EINSTEIN, ERIC, MD†

Provider ID: N/A

 333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22


FRENCH, TONIANNE, MD†

Provider ID: N/A

 333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22


FRENCH, TONIANNE, MD†

Provider ID: N/A

 333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JAN-21


GALASSO, MADISON, MD†

Provider ID: N/A

 333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JAN-21


GALASSO, MADISON, MD†

Provider ID: N/A

 333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22


GRIESINGER, MICHAEL, MD†

Provider ID: N/A

 333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22


GRIESINGER, MICHAEL, MD†

Provider ID: N/A

 333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JAN-21


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-FEB-21


JOURDAIN, VICTOR, MD†

Provider ID: N/A

 333 H ST STE 2080
CHULA VISTA, CA 91910
Effective as of 01-JUL-22


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. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-JAN-21

REARDON, JACQUELINE, DO†

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-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

C1. Lista de proveedores de la red Médico de atención especializada

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

587 3RD AVE
CHULA VISTA, CA 91910*

Effective as of 01-DEC-23

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

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-21

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-JAN-14

DUQUE, JOHN, MD†

Provider ID: N/A

480 4TH AVE STE 316
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

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. Lista de proveedores de la red Médico de atención especializada

 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

C1. Lista de proveedores de la red Médico de atención especializada

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-APR-23

MOOLANI, RAMESH, MD†

Provider ID: N/A

855 3RD AVE STE 3330
CHULA VISTA, CA 91911
Effective as of 01-FEB-22

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

C1. Lista de proveedores de la red Médico de atención especializada

 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. Lista de proveedores de la red Médico de atención especializada

CEPIN, DANIEL, MD†

Provider ID: N/A

890 EASTLAKE PKWY STE
205

CHULA VISTA, CA 91914

Effective as of 01-DEC-22

FERNANDEZ, GENARO, MD†

Provider ID: N/A

752 MEDICAL CENTER CT
STE 207

CHULA VISTA, CA 91911

Effective as of 01-MAR-23

GOLLAPUDI, RAGHAVA, MD†

Provider ID: N/A

890 EASTLAKE PKWY STE
205

CHULA VISTA, CA 91914

Effective as of 01-JAN-21

GOLLAPUDI, RAGHAVA, MD†

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†

Provider ID: N/A

429 BROADWAY
CHULA VISTA, CA 91910

Effective as of 01-AUG-20

KAFRI, HASSAN, MD†

Provider ID: N/A

429 BROADWAY
CHULA VISTA, CA 91910

Effective as of 01-APR-21

KAFRI, HASSAN, MD†

Provider ID: N/A

429 BROADWAY
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

KAFRI, HASSAN, MD†

Provider ID: N/A

429 BROADWAY
CHULA VISTA, CA 91910

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-JAN-21

MONDRAGON, GUSTAVO, MD†

Provider ID: N/A

480 4TH AVE STE 500
CHULA VISTA, CA 91910*

Effective as of 01-JAN-21

NAGHI, JESSE, MD†

Provider ID: N/A

752 MEDICAL CENTER CT
STE 207

CHULA VISTA, CA 91911

Effective as of 01-JAN-21

NARAYANAN, MEENA, MD†

Provider ID: N/A

765 MEDICAL CENTER CT
STE 211

CHULA VISTA, CA 91911

Effective as of 01-JAN-21

OVIEDO-LINARES, RAUL, MD†

Provider ID: N/A

754 MEDICAL CENTER CT
STE 101

CHULA VISTA, CA 91911

Effective as of 01-OCT-23

OVIEDO-LINARES, RAUL, MD†

Provider ID: N/A

754 MEDICAL CENTER CT
STE 101

CHULA VISTA, CA 91911

Effective as of 01-FEB-24

PONCE, SONIA, MD†

Provider ID: N/A

340 4TH AVE STE 11
CHULA VISTA, CA 91910

Teleservice

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-JUL-21

PONCE, SONIA, MD†

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. Lista de proveedores de la red
Médico de atención especializada**

Provider ID: N/A

754 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JAN-24

ROUGH, STEVEN, MD

Provider ID: N/A

754 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-NOV-23

RUBIO GARCIA, MANOLO, MD†

Provider ID: N/A

765 MEDICAL CENTER CT
STE 211
CHULA VISTA, CA 91911

Effective as of 01-MAY-23

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

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-OCT-19

SHEREV, DIMITRI, MD†

Provider ID: N/A

752 MEDICAL CENTER CT
STE 207
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

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

750 MEDICAL CENTER CT
STE 3
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

WYSOCZANSKI, MARIUSZ, MD†

Provider ID: N/A

754 MEDICAL CENTER CT
STE 101

CHULA VISTA, CA 91911

Effective as of 01-JAN-24

**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. Lista de proveedores de la red Médico de atención especializada

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-JUL-22

HOREISH, ADAM, MD†

Provider ID: N/A
340 4TH AVE STE 4
CHULA VISTA, CA 91910
Effective as of 01-JUL-15

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

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-JUL-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

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 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-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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-AUG-14


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

 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-SEP-20


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


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


MOOLANI, UJJALA, MD†

Provider ID: N/A

 752 MEDICAL CENTER CT
STE 302
CHULA VISTA, CA 91911
Effective as of 01-FEB-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-21

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


C1. Lista de proveedores de la red Médico de atención especializada

 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-MAY-22


GRATIANNE, ROBERTO, MD†
Provider ID: N/A

 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-JAN-22


GUPTA, MONIKA, MD†
Provider ID: N/A

 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-JAN-21


GUPTA, MONIKA, MD†
Provider ID: N/A

 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-JUN-22


**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


C1. Lista de proveedores de la red Médico de atención especializada

 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-FEB-21


HUISA-GARATE, BRANKO, MD[†]
Provider ID: N/A

 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-JAN-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[†]**
Provider ID: N/A

 750 MEDICAL CENTER CT
STE 6
CHULA VISTA, CA 91911
Effective as of 01-JAN-21


**MOHAMMAD, AHMAD SHAH,
MD[†]**
Provider ID: N/A

 750 MEDICAL CENTER CT
STE 6
CHULA VISTA, CA 91911
Effective as of 01-JAN-21


OLENSKI, KLARI, DO[†]
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-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

PHAM, ALISE, DO

Provider ID: N/A

 450 FOURTH AVE
STE 215
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-FEB-24


SILVER, BRENT, MD[†]
Provider ID: N/A

 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-NOV-22


SILVER, BRENT, MD[†]
Provider ID: N/A

 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-DEC-22

SORIA LOPEZ, JOSE, MD[†]
Provider ID: N/A


 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-SEP-21

SORIA LOPEZ, JOSE, MD[†]
Provider ID: N/A

 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-MAR-21

NEUROLOGY CHILD

OLENSKI, KLARI, DO[†]
Provider ID: N/A

 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-MAY-22

OBSTETRICS / GYNECOLOGY

ANGUIANO, FRANCISCO, MD[†]
Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

765 MEDICAL CENTER CT
STE 209
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

ATIGA, SCHUBERT, MD[†]

Provider ID: N/A

752 MEDICAL CENTER CT
STE 106
CHULA VISTA, CA 91911
Effective as of 01-AUG-20

ATIGA, SCHUBERT, MD[†]

Provider ID: N/A

752 MEDICAL CENTER CT
STE 106
CHULA VISTA, CA 91911
Effective as of 01-JUL-22

ATIGA, SCHUBERT, MD[†]

Provider ID: N/A

752 MEDICAL CENTER CT
STE 106
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

ATIGA, SCHUBERT, MD[†]

Provider ID: N/A

752 MEDICAL CENTER CT
STE 106
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

CHAC, RICK, MD[†]

Provider ID: N/A

660 OLD TELEGRAPH
CANYON RD
CHULA VISTA, CA 91910
Effective as of 01-AUG-20

CHAC, RICK, MD[†]

Provider ID: N/A

660 OLD TELEGRAPH
CANYON RD
CHULA VISTA, CA 91910

Effective as of 01-SEP-16

CHAC, RICK, MD[†]

Provider ID: N/A

660 OLD TELEGRAPH
CANYON RD
CHULA VISTA, CA 91910

Effective as of 01-SEP-20

CHAC, RICK, MD[†]

Provider ID: N/A

660 OLD TELEGRAPH
CANYON RD
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

MENDEZ, DIEGO, MD[†]

Provider ID: N/A

678 3RD AVE
CHULA VISTA, CA 91910
Teleservice

Effective as of 01-NOV-21

SHORT, ABIADE, MD[†]

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-MAR-24

CUA, NICOLE, OT

Provider ID: N/A

88 E BONITA RD STE C
CHULA VISTA, CA 91910
Effective as of 01-APR-24

HUGHES, ELISA, OT[†]

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-OCT-23

LOPEZ, ALYSSA-NICOLE, OT

Provider ID: N/A

88 E BONITA RD STE C
CHULA VISTA, CA 91910
Effective as of 01-DEC-23

MORRIS, SHEILA, OT[†]

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-AUG-23

PORTER, EILEEN, OT

Provider ID: N/A

88 E BONITA RD STE C
CHULA VISTA, CA 91910
Effective as of 01-JAN-22

OPHTHALMOLOGY

BRYANT, DUANE, MD[†]

Provider ID: N/A

342 F ST
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JUN-19

C1. Lista de proveedores de la red Médico de atención especializada

BRYANT, DUANE, MD†

Provider ID: N/A

342 F ST
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-OCT-19

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

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-JUL-22

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, NASRIN, MD†

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-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

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

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

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. Lista de proveedores de la red Médico de atención especializada

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-AUG-20

PEAIRS, JAMES, MD†

Provider ID: N/A

835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

PONS, MAURICIO, MD†

Provider ID: N/A

835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

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

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-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

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

480 4TH AVE STE 201
CHULA VISTA, CA 91910
Effective as of 01-JAN-24

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-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

C1. Lista de proveedores de la red Médico de atención especializada

SKAF, AYHAM, MD†

Provider ID: N/A

📍 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

STAINER, GREGORY, MD†

Provider ID: N/A

📍 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

ZABANEH, ALEXANDER, MD†

Provider ID: N/A

📍 342 F ST
CHULA VISTA, CA 91910
Effective as of 01-JUL-20

ZABANEH, ALEXANDER, MD†

Provider ID: N/A

📍 342 F ST
CHULA VISTA, CA 91910
Effective as of 01-JAN-24

ZABANEH, ALEXANDER, MD†

Provider ID: N/A

📍 342 F ST
CHULA VISTA, CA 91910
Effective as of 01-NOV-23

ZABANEH, ALEXANDER, MD†

Provider ID: N/A

📍 342 F ST
CHULA VISTA, CA 91910
Effective as of 01-NOV-23

ZABANEH, ALEXANDER, MD†

Provider ID: N/A

📍 342 F ST
CHULA VISTA, CA 91910
Effective as of 01-NOV-20

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†

Provider ID: N/A

📍 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

EL-MOGHRABI, NANCY, OD†

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

📍 835 THIRD AVE
STE A
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

KOO, ANITA, OD

Provider ID: N/A

📍 678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-FEB-24

MASCARENO, EFRAIN, OD†

Provider ID: N/A

📍 440 4TH AVE STE 9
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

MASCARENO, EFRAIN, OD†

Provider ID: N/A

📍 440 4TH AVE STE 9
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

MASCARENO, EFRAIN, OD†

Provider ID: N/A

📍 2260 OTAY LAKES RD STE
111
CHULA VISTA, CA 91915
Effective as of 01-JAN-21

MASCARENO, EFRAIN, OD†

Provider ID: N/A

📍 2260 OTAY LAKES RD STE
111
CHULA VISTA, CA 91915
Effective as of 01-SEP-22

NGUYEN, THU, OD†

Provider ID: N/A

📍 342 F ST
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

NGUYEN, THU, OD†

Provider ID: N/A

📍 342 F ST
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

SCOVILL, ALEXANDRA, OD†

Provider ID: N/A

📍 342 F ST
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

SCOVILL, ALEXANDRA, OD†

Provider ID: N/A

📍 342 F ST
CHULA VISTA, CA 91910
Effective as of 01-APR-23

OTOLARYNGOLOGY

ABDOU, RAMI, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-22

BANTHIA, VISHAL, MD†

Provider ID: N/A

577 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-AUG-21

BANTHIA, VISHAL, MD†

Provider ID: N/A

577 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-SEP-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-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-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-AUG-20

WOO, LINDA, MD†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

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

WOO, LINDA, MD†

Provider ID: N/A

435 H ST
CHULA VISTA, CA 91910
Effective as of 01-AUG-21

PEDIATRICS

PIANSAY, MARIA CORAZON, MD

Provider ID: N/A

1637 3RD AVE STE H-I
CHULA VISTA, CA 91911
Effective as of 01-MAY-23

PIANSAY, MARIA CORAZON, MD

Provider ID: N/A

1637 3RD AVE STE B-F
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-MAY-23

KATZEN, SETH, DO

Provider ID: N/A

480 4TH AVE STE 501
CHULA VISTA, CA 91910
Effective as of 01-MAR-24

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. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-MAR-22

CHAN, ALONSO, PA[†]

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[†]

Provider ID: N/A

📍 480 4TH AVE STE 501
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JUL-21

GUTH, CARA, PA[†]

Provider ID: N/A

📍 480 4TH AVE STE 501
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JAN-24

INDA, PRISCILLA, PA[†]

Provider ID: N/A

📍 429 BROADWAY
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

INDA, PRISCILLA, PA[†]

Provider ID: N/A

📍 429 BROADWAY
CHULA VISTA, CA 91910
Effective as of 01-JAN-24

INDA, PRISCILLA, PA

Provider ID: N/A

📍 678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-MAY-23

INDA, PRISCILLA, PA[†]

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

📍 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

INDA, PRISCILLA, PA[†]

Provider ID: N/A

📍 450 4TH AVE STE 215
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

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[†]

Provider ID: N/A

📍 678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-JAN-21

NGUYEN, THUY-VY, PA[†]

Provider ID: N/A

📍 2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-AUG-22

NGUYEN, THUY-VY, PA[†]

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

C1. Lista de proveedores de la red Médico de atención especializada

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 C203
CHULA VISTA, CA 91914

Effective as of 01-SEP-22

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

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. Lista de proveedores de la red Médico de atención especializada

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-AUG-18

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-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

DAVIDSON, JOHN, DPM†

Provider ID: N/A
📄 345 F ST STE 100
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JAN-21

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

C1. Lista de proveedores de la red Médico de atención especializada

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-DEC-23

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-JAN-21

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. Lista de proveedores de la red
Médico de atención especializada**

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-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-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-JUL-22

Teleservice
Effective as of 01-SEP-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-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

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. Lista de proveedores de la red Médico de atención especializada

 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

C1. Lista de proveedores de la red Médico de atención especializada

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
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

**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-FEB-21

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-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. Lista de proveedores de la red Médico de atención especializada

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-SEP-15

LOZANO, MARTHA, MD†

Provider ID: N/A

841 KUHN DR STE 200
CHULA VISTA, CA 91914
Effective as of 01-JAN-14

LOZANO, MARTHA, MD†

Provider ID: N/A

841 KUHN DR STE 200
CHULA VISTA, CA 91914
Effective as of 01-MAR-21

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
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

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. Lista de proveedores de la red
Médico de atención especializada**

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
2417 FENTON ST STE A
CHULA VISTA, CA 91914*
Effective as of 01-JUL-22

LONG, RYAN, PT

Provider ID: N/A
320 BROADWAY STE 2
CHULA VISTA, CA 91910*
Effective as of 01-JUL-22

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

**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-OCT-22

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-AUG-22

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
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, 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


**C1. Lista de proveedores de la red
Médico de atención especializada**

CHULA VISTA, CA 91910
Effective as of 01-SEP-15


HSU, BRADFORD, MD†

Provider ID: N/A
 480 4TH AVE STE 404
 CHULA VISTA, CA 91910
 Effective as of 01-SEP-15


HUANG, MARK, MD†

Provider ID: N/A
 345 F ST STE 200
 CHULA VISTA, CA 91910
 Effective as of 01-OCT-17


KHARAZI, ALEXANDRA, MD†

Provider ID: N/A
 345 F ST STE 200
 CHULA VISTA, CA 91910
 Effective as of 01-MAY-23


MOLDOVAN, STEFAN, MD†

Provider ID: N/A
 1111 BROADWAY STE 305
 CHULA VISTA, CA 91911
 Teleservice
 Effective as of 01-MAR-24


MOLDOVAN, STEFAN, MD†

Provider ID: N/A
 1111 BROADWAY STE 305
 CHULA VISTA, CA 91911
 Teleservice
 Effective as of 01-MAR-24

MORAL, JOHN, MD


Provider ID: N/A
 480 4TH AVE STE 404
 CHULA VISTA, CA 91910
 Effective as of 01-JUN-23

MORAL, JOHN, MD


Provider ID: N/A
 480 4TH AVE STE 404
 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-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


SPITZER, BLAKE, MD†

Provider ID: N/A
 786 3RD AVE STE B
 CHULA VISTA, CA 91910
 Effective as of 01-MAY-20


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-JUN-21


SUMMERS, STEPHEN, MD†

Provider ID: N/A
 786 3RD AVE STE B
 CHULA VISTA, CA 91910
 Effective as of 01-JAN-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-JAN-19


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
 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
 Effective as of 01-JAN-21

YANG, YIFAN, MD†

Provider ID: N/A
 786 3RD AVE STE B
 CHULA VISTA, CA 91910

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 955 LANE AVE STE 200
CHULA VISTA, CA 91914

Effective as of 01-JAN-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

📍 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-JAN-14

EVES, WILLIAM, MD†

Provider ID: N/A

📍 480 4TH AVE STE 307
CHULA VISTA, CA 91910

Effective as of 01-SEP-15

GROTTING, JOHN, MD

Provider ID: N/A

📍 296 H ST STE 203

C1. Lista de proveedores de la red Médico de atención especializada

CHULA VISTA, CA 91910
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

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-AUG-23

HOFMEISTER, ERIC, MD†

Provider ID: N/A

955 LANE AVE STE 200
CHULA VISTA, CA 91914

Effective as of 01-FEB-18

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-NOV-21

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-NOV-21

KLATMAN, SAMUEL, MD†

Provider ID: N/A

955 LANE AVE STE 200
CHULA VISTA, CA 91914

Effective as of 01-AUG-23

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-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

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-APR-23

TAYYAB, NEIL, MD†

Provider ID: N/A

786 3RD AVE STE B
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

480 4TH AVE STE 501
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

C1. Lista de proveedores de la red Médico de atención especializada

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

752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-NOV-22

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

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-MAY-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

752 MEDICAL CENTER CT
STE 101
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

VAPNEK, EVAN, MD†

Provider ID: N/A

786 3RD AVE STE B

CHULA VISTA, CA 91910
Effective as of 01-JAN-21

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. Lista de proveedores de la red Médico de atención especializada

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-MAR-22

SHAFT, ALEXANDER, MD†

Provider ID: N/A
131 ORANGE AVE STE 101
CORONADO, CA 92118
Teleservice
Effective as of 01-FEB-23

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. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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

ROBERTS, JAMES, MD†

Provider ID: N/A

230 PROSPECT PL STE 210
CORONADO, CA 92118
Effective as of 01-JAN-21

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. Lista de proveedores de la red
Médico de atención especializada**


 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

 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-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-MAY-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

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. Lista de proveedores de la red Médico de atención especializada

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-APR-21

MOUSSAVIAN, MEHRAN, DO†

Provider ID: N/A

1625 E MAIN ST STE 201
EL CAJON, CA 92021

Effective as of 01-SEP-22

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-APR-21

NARAYANAN, MEENA, MD†

Provider ID: N/A

1625 E MAIN ST STE 201
EL CAJON, CA 92021

Effective as of 01-SEP-22

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, ABHISHEK, MD†

Provider ID: N/A

1625 E MAIN ST STE 201
EL CAJON, CA 92021

Effective as of 01-SEP-22

SHAH, KULIN, MD†

Provider ID: N/A

1625 E MAIN ST STE 201
EL CAJON, CA 92021

Effective as of 01-JAN-23

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. Lista de proveedores de la red Médico de atención especializada

Teleservice

Effective as of 01-AUG-22

ZAVARO, SUHAIL, MD[†]

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

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

LAROWE, ALEXISS, LAC[†]

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

📍 855 E MADISON AVE
EL CAJON, CA 92020

Effective as of 01-JUL-21

LAROWE, ALEXISS, LAC[†]

Provider ID: N/A

📍 855 E MADISON AVE
EL CAJON, CA 92020

Effective as of 01-JUL-21

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[†]

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[†]

Provider ID: N/A

📍 215 W MADISON AVE
EL CAJON, CA 92020

Teleservice

Effective as of 01-JAN-21

JOHNSON, KIMBERLY, NP[†]

Provider ID: N/A

📍 328 HIGHLAND AVE STE
200
EL CAJON, CA 92020

Teleservice

Effective as of 01-AUG-21

LUCKETT, DE COURCY, NP[†]

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[†]

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

C1. Lista de proveedores de la red Médico de atención especializada

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
📄 1032 BROADWAY
EL CAJON, CA 92021
Effective as of 01-DEC-21

WILLIAMS, BREAHA, NP

Provider ID: N/A
📄 165 S 1ST ST
EL CAJON, CA 92019
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
📄 470 N MOLLISON AVE
EL CAJON, CA 92021
Effective as of 01-MAY-23

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-MAR-18

CHIANG, JENNIFER, MD†
Provider ID: N/A

292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-JAN-21

GONZALEZ, JOSE, MD†
Provider ID: N/A

292 AVOCADO AVE
EL CAJON, CA 92020
Teleservice
Effective as of 01-AUG-22

GONZALEZ, JOSE, MD†
Provider ID: N/A

292 AVOCADO AVE
EL CAJON, CA 92020
Teleservice
Effective as of 01-MAY-23

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


222 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-APR-24

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. Lista de proveedores de la red Médico de atención especializada

 292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-JAN-21


TYAGI, ABHILASHA, MD†
Provider ID: N/A

 292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-AUG-22


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

UEBELHOER, NATHAN, DO
Provider ID: N/A


 222 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-APR-24

UEBELHOER, NATHAN, DO†
Provider ID: N/A

 292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-FEB-22


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-APR-24

DESTA, TADDESE, MD†
Provider ID: N/A

 2732 NAVAJO RD STE 200
EL CAJON, CA 92020
Effective as of 01-JUL-18

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


C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-22

OLIVER, DEANNA, MD†


Provider ID: N/A

 463 N MAGNOLIA AVE
EL CAJON, CA 92020
Effective as of 01-MAR-21

INTERVENTIONAL CARDIOLOGY

BARVALIA, MIHIR, MD†

Provider ID: N/A


 1380 EL CAJON BLVD STE
100
EL CAJON, CA 92020

Teleservice

Effective as of 01-JAN-24

BARVALIA, MIHIR, MD†

Provider ID: N/A


 1380 EL CAJON BLVD STE
100
EL CAJON, CA 92020

Teleservice

Effective as of 01-NOV-22


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-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

 328 HIGHLAND AVE STE
200
EL CAJON, CA 92020
Effective as of 01-JAN-21

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. Lista de proveedores de la red
Médico de atención especializada**

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

165 S 1ST ST
EL CAJON, CA 92019
Teleservice
Effective as of 01-OCT-23

DAVIS, TRACIE, MD

Provider ID: N/A

1032 BROADWAY
EL CAJON, CA 92021
Teleservice

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-OCT-23

**FOLCH TORRES-AGUIAR,
BEATRIZ, MD†**

Provider ID: N/A

📍 1032 BROADWAY
EL CAJON, CA 92021

Teleservice

Effective as of 01-AUG-22

**FOLCH TORRES-AGUIAR,
BEATRIZ, MD†**

Provider ID: N/A

📍 165 S 1ST ST
EL CAJON, CA 92019

Teleservice

Effective as of 01-AUG-22

GELLENS, ANDREW, MD†

Provider ID: N/A

📍 165 S 1ST ST
EL CAJON, CA 92019

Teleservice

Effective as of 01-NOV-21

GELLENS, ANDREW, MD†

Provider ID: N/A

📍 1032 BROADWAY
EL CAJON, CA 92021

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-NOV-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-DEC-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, GITANE, MD

Provider ID: N/A

📍 300 S PIERCE ST STE 200
EL CAJON, CA 92020

Effective as of 01-JAN-24

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-DEC-23

C1. Lista de proveedores de la red Médico de atención especializada

PATEL, SARJAN, 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

450 FLETCHER PKWY STE
112
EL CAJON, CA 92020
Effective as of 01-DEC-23

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

450 FLETCHER PKWY STE
112
EL CAJON, CA 92020
Effective as of 01-NOV-23

PRABHU, SUJATA, MD

Provider ID: N/A

300 S PIERCE ST STE 200
EL CAJON, CA 92020
Effective as of 01-DEC-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

300 S PIERCE ST STE 200
EL CAJON, CA 92020
Effective as of 01-DEC-23

ZVANUT, DONALD, OD†

Provider ID: N/A

225 W MADISON AVE STE 1
EL CAJON, CA 92020
Effective as of 01-SEP-22

PHYSICIANS ASSISTANT

ALYAS, ALISIA, PA

Provider ID: N/A

165 S 1ST ST
EL CAJON, CA 92019

C1. Lista de proveedores de la red Médico de atención especializada

Teleservice

Effective as of 01-JUN-21

ALYAS, ALISIA, PA

Provider ID: N/A

1032 BROADWAY
EL CAJON, CA 92021

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

165 S 1ST ST
EL CAJON, CA 92019

Teleservice

Effective as of 01-APR-21

MERCER, KELLY, PA†

Provider ID: N/A

1032 BROADWAY
EL CAJON, CA 92021

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

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-21

CARTER, STEPHANIE, MD†

Provider ID: N/A

354 SANTA FE DR
ENCINITAS, CA 92024
Effective as of 01-JUN-21

C1. Lista de proveedores de la red Médico de atención especializada

CARTER, STEPHANIE, MD†

Provider ID: N/A

700 GARDEN VIEW CT STE
204
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-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-JUN-22

SAB, SHIV, MD†

Provider ID: N/A

320 SANTA FE DR STE 204
ENCINITAS, CA 92024

Teleservice

Effective as of 01-DEC-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. Lista de proveedores de la red Médico de atención especializada

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-JUN-21

MWAURA, WAIRIMU, NP†

Provider ID: N/A

326 SANTA FE DR STE 105
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

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. Lista de proveedores de la red Médico de atención especializada

 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-JAN-24


WILLEY, MARTI, NP†

Provider ID: N/A

 326 SANTA FE DR STE 105
ENCINITAS, CA 92024
Teleservice
Effective as of 01-JUN-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

 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
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
102
ENCINITAS, CA 92024
Effective as of 01-MAR-23

FITZPATRICK, 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


 781 GARDEN VIEW CT STE

C1. Lista de proveedores de la red Médico de atención especializada

100
ENCINITAS, CA 92024
Effective as of 01-MAR-23


KING, 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

 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

C1. Lista de proveedores de la red Médico de atención especializada

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-NOV-23

HEMPERLY, STEPHEN, DO†

Provider ID: N/A

 477 N EL CAMINO REAL
STE D308

ENCINITAS, CA 92024

Teleservice

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

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-SEP-22

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-APR-23

ALHANKAWI, DHUHA, MD

Provider ID: N/A

 477 N EL CAMINO REAL
STE A308

ENCINITAS, CA 92024

Effective as of 01-AUG-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-MAR-23

DILAURO, STEVEN, MD

Provider ID: N/A

 781 GARDEN VIEW CT STE
102

ENCINITAS, CA 92024

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JAN-24

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-OCT-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
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-OCT-23

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

LAJOIE, ADRIANNE, MD

Provider ID: N/A
781 GARDEN VIEW CT STE
100
ENCINITAS, CA 92024

Effective as of 01-JAN-24

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-OCT-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-MAR-23

LAJOIE, ADRIANNE, MD

Provider ID: N/A
781 GARDEN VIEW CT STE
100
ENCINITAS, CA 92024
Effective as of 01-JUN-23

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†

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JUN-23

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

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. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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

326 SANTA FE DR STE 105
ENCINITAS, CA 92024

Effective as of 01-FEB-21

MCCLAY, EDWARD, MD†

Provider ID: N/A

477 N EL CAMINO REAL
STE D200
ENCINITAS, CA 92024

Effective as of 01-JAN-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-JAN-21

LAKHERA, YOGITA, MD†

Provider ID: N/A

320 SANTA FE DR STE 212
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

C1. Lista de proveedores de la red Médico de atención especializada

LAKHERA, YOGITA, MD†

Provider ID: N/A

320 SANTA FE DR STE 212
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUL-22

LAKHERA, YOGITA, MD†

Provider ID: N/A

320 SANTA FE DR STE 212
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-17

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. Lista de proveedores de la red Médico de atención especializada

 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

C1. Lista de proveedores de la red Médico de atención especializada

 320 SANTA FE DR STE 108
ENCINITAS, CA 92024
Effective as of 01-FEB-24


DOUGHERTY, CLARA, PA†

Provider ID: N/A

 320 SANTA FE DR STE 108
ENCINITAS, CA 92024
Effective as of 01-SEP-22


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

C1. Lista de proveedores de la red Médico de atención especializada

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

320 SANTA FE DR STE 107C
ENCINITAS, CA 92024
Effective as of 01-JAN-21

HSING, ANDREW, MD†

Provider ID: N/A

326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-JAN-24

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

320 SANTA FE DR STE 107C
ENCINITAS, CA 92024
Effective as of 01-JAN-21

MAKANI, SAMIR, MD†

Provider ID: N/A

326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Effective as of 01-NOV-20

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-SEP-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-APR-23

RADIATION ONCOLOGY

BEAR, JONATHAN, MD

Provider ID: N/A

1200 GARDEN VIEW RD

C1. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

 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-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


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


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. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

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-JUL-22

COHEN, EDWARD, MD†

Provider ID: N/A

☒ 320 SANTA FE DR STE 305
ENCINITAS, CA 92024
Effective as of 01-SEP-21

C1. Lista de proveedores de la red Médico de atención especializada

COHEN, EDWARD, MD†

Provider ID: N/A

320 SANTA FE DR STE 305
ENCINITAS, CA 92024
Effective as of 01-SEP-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†

Provider ID: N/A

320 SANTA FE DR STE 108
ENCINITAS, CA 92024
Effective as of 01-NOV-21

NAITOH, JOHN, MD†

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†

Provider ID: N/A

320 SANTA FE DR STE 108

ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-21

NGUYEN, HUNG, MD†

Provider ID: N/A

320 SANTA FE DR STE 108
ENCINITAS, CA 92024

Teleservice

Effective as of 01-SEP-21

NGUYEN, HUNG, MD†

Provider ID: N/A

320 SANTA FE DR STE 108
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

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†

Provider ID: N/A

320 SANTA FE DR STE 108
ENCINITAS, CA 92024

Effective as of 01-JAN-24

ANESTHESIOLOGY

FARUQUE, TANIA, MD†

Provider ID: N/A

255 N ELM ST STE 101
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

KHATIBI, NIKAN, DO†

Provider ID: N/A

160 N DATE ST
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

KHATIBI, NIKAN, DO†

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†

Provider ID: N/A

1955 CITRACADO PKWY
STE 203

ESCONDIDO, CA 92029

Teleservice

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-NOV-22

KHATIBI, NIKAN, DO[†]

Provider ID: N/A

📍 160 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JUL-21

KHATIBI, NIKAN, DO[†]

Provider ID: N/A

📍 160 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

KHATIBI, NIKAN, DO[†]

Provider ID: N/A

📍 160 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JUL-21

KHATIBI, NIKAN, DO[†]

Provider ID: N/A

📍 160 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JUL-21

PRASAD, RUPA, MD[†]

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[†]

Provider ID: N/A

📍 330 W FELICITA AVE STE
A4
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

HORNER, HEATHER, AuD[†]

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[†]

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[†]

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[†]

Provider ID: N/A

📍 488 E VALLEY PKWY STE
107
ESCONDIDO, CA 92025
Effective as of 01-MAY-21

NARAYANAN, MEENA, MD[†]

Provider ID: N/A

📍 488 E VALLEY PKWY STE
107
ESCONDIDO, CA 92025
Effective as of 01-MAY-21

PARIKH, MILIND, DO[†]

Provider ID: N/A

📍 488 E VALLEY PKWY STE
107
ESCONDIDO, CA 92025
Effective as of 01-MAY-21

C1. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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-AUG-23

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-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-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-NOV-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-JAN-21

C1. Lista de proveedores de la red Médico de atención especializada

HEBREO, JOSEPH, 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-JAN-21

KHAWAR, OSMAN, MD†

Provider ID: N/A

631 E GRAND AVE
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

KHAWAR, OSMAN, MD†

Provider ID: N/A

631 E GRAND AVE
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

KHAWAR, OSMAN, MD†

Provider ID: N/A

631 E GRAND AVE
ESCONDIDO, CA 92025

Effective as of 01-JUL-22

NEYAZ, MOHAMMED, DO†

Provider ID: N/A

631 E GRAND AVE
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JUL-22

NEYAZ, MOHAMMED, DO†

Provider ID: N/A

631 E GRAND AVE
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JAN-21

NEYAZ, MOHAMMED, DO†

Provider ID: N/A

631 E GRAND AVE
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JAN-21

SHAPIRO, MARK, MD†

Provider ID: N/A

631 E GRAND AVE
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JAN-21

SHAPIRO, MARK, MD†

Provider ID: N/A

631 E GRAND AVE
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JUL-22

NEUROLOGY

DELANEY, MICHAEL, MD†

Provider ID: N/A

1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029

Effective as of 01-JAN-21

DELANEY, MICHAEL, MD†

Provider ID: N/A

1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029

Effective as of 01-JAN-21

DELANEY, MICHAEL, MD†

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†

Provider ID: N/A

1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029

Effective as of 01-FEB-22

FARNSWORTH, WILLIAM, MD†

Provider ID: N/A

1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029

Effective as of 01-NOV-21

FRISHBERG, BENJAMIN, MD†

Provider ID: N/A

1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029

Effective as of 01-JAN-21

FRISHBERG, BENJAMIN, MD†

Provider ID: N/A

1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029

Effective as of 01-SEP-22

OH, IRENE, MD†

Provider ID: N/A

1955 CITRACADO PKWY
STE 102
ESCONDIDO, CA 92029

Effective as of 01-JAN-21

OH, IRENE, MD†

Provider ID: N/A

1955 CITRACADO PKWY
STE 102

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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. Lista de proveedores de la red Médico de atención especializada

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

📄 700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Effective as of 01-APR-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

📄 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

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-SEP-22

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-MAR-23

MORTON, ASA, MD†

Provider ID: N/A

📄 700 W EL NORTE PKWY
ESCONDIDO, CA 92026
Effective as of 01-NOV-21

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

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-21

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

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

830 W VALLEY PKWY STE
300
ESCONDIDO, CA 92025
Effective as of 01-JAN-21

AOTO, KIM, OD†

Provider ID: N/A

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
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-DEC-21

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. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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-AUG-23

WRIGHT, DEREK, PA

Provider ID: N/A

📍 1955 CITRACADO PKWY
ESCONDIDO, CA 92029

Effective as of 01-NOV-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. Lista de proveedores de la red Médico de atención especializada

 736 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-JUN-21


MORRIS, JASON, DPM

Provider ID: N/A

 736 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-SEP-22


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


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-DEC-21


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


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

 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-AUG-20


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-JAN-24

C1. Lista de proveedores de la red Médico de atención especializada

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

460 N ELM ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

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†

Provider ID: N/A

704 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-SEP-22

KOH, STEVE, MD†

Provider ID: N/A

255 N ASH ST STE 101
ESCONDIDO, CA 92027
Teleservice
Effective as of 01-JAN-22

KOH, STEVE, MD†

Provider ID: N/A

704 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-SEP-22

KOH, STEVE, MD†

Provider ID: N/A

255 N ASH ST STE 101
ESCONDIDO, CA 92027
Teleservice
Effective as of 01-JAN-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†

Provider ID: N/A

425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

RODARTE, GABRIEL, MD†

Provider ID: N/A

425 N DATE ST
ESCONDIDO, CA 92025
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

RODARTE, GABRIEL, MD†

Provider ID: N/A

425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

RODARTE, GABRIEL, MD†

Provider ID: N/A

425 N DATE ST
ESCONDIDO, CA 92025

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 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

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

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

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. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-AUG-20

SUOZZO, JOSEPH, PhD†

Provider ID: N/A

425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

SUOZZO, JOSEPH, PhD†

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-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

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

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†

Provider ID: N/A

2125 CITRACADO PKWY
STE 230
ESCONDIDO, CA 92029
Effective as of 01-SEP-22

RADIATION ONCOLOGY

COLEMAN, LORI, MD†

Provider ID: N/A

2125 CITRACADO PKWY
STE 110
ESCONDIDO, CA 92029
Effective as of 01-JAN-21

FULLER, DONALD, MD†

Provider ID: N/A

701 E GRAND AVE STE 200
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

FULLER, DONALD, MD†

Provider ID: N/A

701 E GRAND AVE STE 200
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

FULLER, DONALD, MD†

Provider ID: N/A

701 E GRAND AVE STE 200
ESCONDIDO, CA 92025
Effective as of 01-JAN-21

FULLER, DONALD, MD†

Provider ID: N/A

701 E GRAND AVE STE 200
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

IJAZ, TAHIR, MD†

Provider ID: N/A

701 E GRAND AVE STE 200
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

IJAZ, TAHIR, MD†

Provider ID: N/A

701 E GRAND AVE STE 200
ESCONDIDO, CA 92025
Effective as of 01-JAN-21

IJAZ, TAHIR, MD†

Provider ID: N/A

701 E GRAND AVE STE 200

C1. Lista de proveedores de la red Médico de atención especializada

ESCONDIDO, CA 92025
Effective as of 01-SEP-22

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-SEP-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-JUL-22

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

VAKILIAN, SIAVOSH, MD†

Provider ID: N/A

701 E GRAND AVE STE 200
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-JUL-21

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, DAVID, PT

Provider ID: N/A

1815 E VALLEY PKWY STE 5
ESCONDIDO, CA 92027
Effective as of 01-FEB-24

BOUTELLE, BARBARA, 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

1340 W VALLEY PKWY STE
201
ESCONDIDO, CA 92029
Effective as of 01-JAN-21

FARRAR, COURTNEY, PT

Provider ID: N/A

1955 CITRACADO PKWY
STE 203
ESCONDIDO, CA 92029
Teleservice
Effective as of 01-JUL-23

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. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

STERN, MARK, MD†

Provider ID: N/A

705 E OHIO AVE
ESCONDIDO, CA 92025
Effective as of 01-SEP-23

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. Lista de proveedores de la red Médico de atención especializada

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†

Provider ID: N/A

591 E ELDER ST STE C
FALLBROOK, CA 92028
Effective as of 01-MAR-20

SANGODKAR, SANDEEP, DO†

Provider ID: N/A

591 E ELDER ST STE C
FALLBROOK, CA 92028
Effective as of 01-MAR-20

CERTIFIED ACUPUNCTURIST

LAROWE, ALEXISS, LAC†

Provider ID: N/A

1309 S MISSION RD
FALLBROOK, CA 92028
Effective as of 01-JUL-21

LAROWE, ALEXISS, LAC†

Provider ID: N/A

1309 S MISSION RD
FALLBROOK, CA 92028
Effective as of 01-JUL-21

LAROWE, ALEXISS, LAC†

Provider ID: N/A

1309 S MISSION RD
FALLBROOK, CA 92028
Effective as of 01-JUL-21

WACHNER, KRISTELYN, LAC†

Provider ID: N/A

1309 S MISSION RD
FALLBROOK, CA 92028
Effective as of 01-OCT-22

WACHNER, KRISTELYN, LAC†

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†

Provider ID: N/A

1309 S MISSION RD
FALLBROOK, CA 92028
Effective as of 01-JUL-22

FARSHLER, ANTHONY, DC†

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†

Provider ID: N/A

1309 S MISSION RD STE A
FALLBROOK, CA 92028
Effective as of 01-JUN-21

ROSS, ANDREW, MD†

Provider ID: N/A

1309 S MISSION RD STE A
FALLBROOK, CA 92028
Effective as of 01-AUG-20

ROSS, ANDREW, MD†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

1309 S MISSION RD STE A
FALLBROOK, CA 92028
Effective as of 01-JUL-22

ROSS, ANDREW, 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-SEP-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-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†

C1. Lista de proveedores de la red Médico de atención especializada

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-DEC-22

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-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-DEC-23

ARCHIBALD, JOHN, OD†

Provider ID: N/A

521 E ELDER ST STE 102
FALLBROOK, CA 92028*
Effective as of 01-JUL-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. Lista de proveedores de la red
Médico de atención especializada**

FALLBROOK, CA 92028
Effective as of 01-JUL-22


FARMER, STEVEN, 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

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-22

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-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

***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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-OCT-23

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-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. Lista de proveedores de la red
Médico de atención especializada**

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
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

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†

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-APR-11

DANESHMAND, HOOTAN, MD

Provider ID: N/A

27462 PORTOLA PKWY STE 100

FOOTHILL RANCH, CA 92610

Effective as of 01-MAY-12

ALLERGY IMMUNOLOGY

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

BROWN, HOSEA, MD†

Provider ID: N/A

1000 E LATHAM AVE STE B
HEMET, CA 92543

Effective as of 01-MAY-15

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. Lista de proveedores de la red Médico de atención especializada

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-SEP-18

AMIN, JATIN, MD†

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-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-MAR-20

ATTIA, NADER, DO†

Provider ID: N/A

📍 3853 W STETSON AVE STE
104

HEMET, CA 92545

Teleservice

Effective as of 01-JUL-22

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-AUG-20

RASTOGI, ANISHA, MD†

Provider ID: N/A

☐ 1275 E LATHAM AVE STE A
HEMET, CA 92543

Effective as of 01-FEB-21

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-09

RASTOGI, ANIL, MD†

Provider ID: N/A

☐ 1275 E LATHAM AVE STE A

HEMET, CA 92543

Effective as of 01-SEP-00

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

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

Effective as of 01-APR-21

ADEDAYO, TOLULOPE, NP

Provider ID: N/A

☐ 1030 E FLORIDA AVE
HEMET, CA 92543

Effective as of 01-FEB-24

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

C1. Lista de proveedores de la red Médico de atención especializada

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-DEC-22

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-NOV-21

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-MAY-22

HUERTA, CARMEN, NP†

Provider ID: N/A

850 E LATHAM AVE STE 201
HEMET, CA 92543
Effective as of 01-OCT-22

HUERTA, CARMEN, NP†

Provider ID: N/A

850 E LATHAM AVE STE 201
HEMET, CA 92543
Effective as of 01-DEC-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. Lista de proveedores de la red Médico de atención especializada

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-APR-23

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, 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, MAGNUS, NPF

Provider ID: N/A

162 N SANTA FE ST
HEMET, CA 92543

Effective as of 01-DEC-22

JOHNSON, KIMBERLY, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-JAN-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

JONES, LAKESHA, NP†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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, YAHAIIRA, NP†
Provider ID: N/A

1003 E FLORIDA AVE STE
101
HEMET, CA 92543
Effective as of 01-MAR-22

SANCHEZ, YAHAIIRA, NP†
Provider ID: N/A

1003 E FLORIDA AVE STE
101
HEMET, CA 92543
Effective as of 01-OCT-22

SANCHEZ, YAHAIIRA, NP†
Provider ID: N/A

1003 E FLORIDA AVE STE
104
HEMET, CA 92543
Effective as of 01-OCT-22

SANCHEZ, YAHAIIRA, NP†
Provider ID: N/A

1003 E FLORIDA AVE STE
101
HEMET, CA 92543
Effective as of 01-DEC-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. Lista de proveedores de la red Médico de atención especializada

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

📍 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

BROWN, KEVIN, DC

Provider ID: N/A

📍 3012 W FLORIDA AVE
HEMET, CA 92545
Effective as of 01-AUG-23

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-SEP-09

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

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. Lista de proveedores de la red
Médico de atención especializada**

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

**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-SEP-09

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-JAN-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-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

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. Lista de proveedores de la red Médico de atención especializada

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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-JUL-23

HERSH, LINDSEY, LCSW†

Provider ID: N/A

📍 162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-AUG-22

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-APR-23

**VALDEZ-HERNANDEZ, ISRAEL,
LCSW†**

Provider ID: N/A

📍 162 N SANTA FE ST
HEMET, CA 92543

**C1. Lista de proveedores de la red
Médico de atención especializada**

Effective as of 01-JAN-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-OCT-17

**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-APR-23

**CHARLES COWAN, TRICIA,
DO†**

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-MAR-18

**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

DHIMAN, DARSHAN, MD†


Provider ID: N/A

3989 W STETSON AVE STE


**C1. Lista de proveedores de la red
Médico de atención especializada**

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


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-MAR-21


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-JUN-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-SEP-22

OBSTETRICS /

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-23

URSO, MARY JO, DO†

Provider ID: N/A

1225 E LATHAM AVE STE A
HEMET, CA 92543

Effective as of 01-DEC-20

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-AUG-20

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-FEB-22

CARLSON, JOHN, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-MAY-14

CHOW, JASON, MD†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-OCT-22

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-JUL-23

CHOW, JASON, 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-SEP-22

DONALDSON, JARED, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-JAN-23

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

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-SEP-09

JACOBS, JEFFREY, MD†

Provider ID: N/A

2390 E FLORIDA AVE STE
207
HEMET, CA 92544
Effective as of 01-JUL-23

JACOBS, JEFFREY, MD†

Provider ID: N/A

2390 E FLORIDA AVE STE
207
HEMET, CA 92544
Effective as of 01-JUL-18

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-SEP-09

JACOBSON, ARTHUR, MD†

Provider ID: N/A

2390 E FLORIDA AVE STE
207
HEMET, CA 92544
Effective as of 01-MAR-98

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-20

JOSEPH, JEFFREY, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-AUG-19

LEE, JOHN, MD†

Provider ID: N/A

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-JAN-11

LEE, JOHN, MD†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

2390 E FLORIDA AVE STE
207
HEMET, CA 92544
Effective as of 01-FEB-11

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-MAY-14

PHILLIPS, BARRATT, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-SEP-09

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-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-JAN-22

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-JUL-23

WARNER, MICHAEL, MD†

Provider ID: N/A

2390 E FLORIDA AVE STE
207
HEMET, CA 92544
Teleservice
Effective as of 01-SEP-09

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-MAR-14

OPTOMETRIST

**C1. Lista de proveedores de la red
Médico de atención especializada**

ARCHIBALD, JOHN, OD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-JUL-23

ARCHIBALD, JOHN, OD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-DEC-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-AUG-20

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

FENNEMA, ERIC, OD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-FEB-22

FENNEMA, ERIC, OD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-SEP-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-SEP-10

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-AUG-20

LARSON, BRETT, 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-AUG-18

MC CLEARY, DAVID, OD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-DEC-21

MC CLEARY, DAVID, OD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545
Effective as of 01-JUL-23

TADROS, JESSICA, OD†

Provider ID: N/A

2390 E FLORIDA AVE STE

C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-10

SEYED, KAZEM, MD†

Provider ID: N/A

750 E LATHAM AVE STE 1
HEMET, CA 92543
Effective as of 01-MAY-15

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. Lista de proveedores de la red Médico de atención especializada

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-MAY-23

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

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. Lista de proveedores de la red Médico de atención especializada

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-SEP-17

ADEYEMO, OLUWAFEMI, MD

Provider ID: N/A

361 N SAN JACINTO ST
HEMET, CA 92543

Effective as of 01-JUN-17

ADEYEMO, OLUWAFEMI, MD

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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

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

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-JUN-21

PUCHAKAYALA, NANDITA, MD†

Provider ID: N/A

☒ 162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-23

PSYCHOLOGIST

DUNN, JOSEPH, PhD

Provider ID: N/A

☒ 1011 E DEVONSHIRE AVE
STE 203
HEMET, CA 92543
Effective as of 01-JUN-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-SEP-09

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-MAR-14

LU, CHONG PING, MD†

Provider ID: N/A

1000 E LATHAM AVE
HEMET, CA 92543

Effective as of 01-JUL-23

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

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

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

BURROUGHS, GLORIA, MD†

Provider ID: N/A

540 N JACINTO ST
HEMET, CA 92543

Effective as of 01-MAR-07

**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-JUL-23

MEHTA, AMAL, MD†

Provider ID: N/A

949 CALHOUN PL STE F
HEMET, CA 92543

Effective as of 01-SEP-18

RAMASWAMY,

DHARMARAJAN, MD†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

949 CALHOUN PL STE F
HEMET, CA 92543
Effective as of 01-SEP-18

**RAMASWAMY,
DHARMARAJAN, MD†**

Provider ID: N/A

949 CALHOUN PL STE F
HEMET, CA 92543
Effective as of 01-JUL-23

**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-DEC-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-JUL-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-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

GORSKI, TITO, MD†

Provider ID: N/A

3853 W STETSON AVE STE
105
HEMET, CA 92545
Effective as of 01-APR-22

GORSKI, TITO, MD†

Provider ID: N/A

3853 W STETSON AVE STE
105
HEMET, CA 92545
Effective as of 01-FEB-24

GORSKI, YARA, 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

C1. Lista de proveedores de la red Médico de atención especializada

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-MAY-22

JOHNSEN, HEGE, MD†

Provider ID: N/A

📍 3853 W STETSON AVE STE
105
HEMET, CA 92545

Effective as of 01-APR-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-APR-20

NAFIU, BOLAJI, MD†

Provider ID: N/A

📍 3853 W STETSON AVE STE
105
HEMET, CA 92545

Effective as of 01-SEP-22

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-DEC-21

WANG, XIUJIE, MD†

Provider ID: N/A

📍 3853 W STETSON AVE STE
105
HEMET, CA 92545

Effective as of 01-SEP-19

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. Lista de proveedores de la red
Médico de atención especializada**

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-JUL-15

BURTON, PAUL, DO†

Provider ID: N/A

3889 W STETSON AVE STE 100
HEMET, CA 92545

Effective as of 01-MAR-21

CAPUTO, ROY, MD

Provider ID: N/A

3889 W STETSON AVE STE 100
HEMET, CA 92545

Effective as of 01-APR-24

**C1. Lista de proveedores de la red
Médico de atención especializada**

CHAN, JASON, MD Provider ID: N/A 3889 W STETSON AVE STE 100 HEMET, CA 92545 Effective as of 01-APR-24	3889 W STETSON AVE STE 100 HEMET, CA 92545 Effective as of 01-MAR-24	Effective as of 01-JUL-15
ELSISSY, PETER, MD† Provider ID: N/A 3889 W STETSON AVE STE 100 HEMET, CA 92545 Effective as of 01-AUG-21	GRAMES, BARRY, MD† Provider ID: N/A 3889 W STETSON AVE STE 200 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-JUL-15
ELSISSY, PETER, MD† Provider ID: N/A 3889 W STETSON AVE STE 100 HEMET, CA 92545 Effective as of 01-AUG-21	GRAMES, BARRY, MD† Provider ID: N/A 3889 W STETSON AVE STE 100 HEMET, CA 92545 Effective as of 01-MAY-16	LE, SANG, MD† Provider ID: N/A 3889 W STETSON AVE STE 100 HEMET, CA 92545 Effective as of 01-MAR-21
ELSISSY, PETER, 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	LE, SANG, MD† Provider ID: N/A 3889 W STETSON AVE STE 100 HEMET, CA 92545 Effective as of 01-NOV-16
ELSISSY, PETER, MD† Provider ID: N/A 3889 W STETSON AVE STE 100 HEMET, CA 92545 Effective as of 01-MAR-24	HUSAIN, ASGHAR, MD Provider ID: N/A 3889 W STETSON AVE STE 100 HEMET, CA 92545 Effective as of 01-MAR-24	MATIKO, JAMES, MD† Provider ID: N/A 3889 W STETSON AVE STE 100 HEMET, CA 92545 Effective as of 01-MAR-24
GHAZAL, RONNY, 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	PANSE, MILIND, MD† Provider ID: N/A 1225 E LATHAM AVE STE A HEMET, CA 92543* Effective as of 01-JUL-23
GRAMES, BARRY, MD† Provider ID: N/A	LE, SANG, MD† Provider ID: N/A 3889 W STETSON AVE STE 100 HEMET, CA 92545	PATTON, DANIEL, MD† Provider ID: N/A 3889 W STETSON AVE STE 100 HEMET, CA 92545 Effective as of 01-JAN-20
		PATTON, DANIEL, MD† Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

3889 W STETSON AVE STE 100
HEMET, CA 92545
Effective as of 01-JUL-21

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. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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-DEC-23

BESHAI, ALFRED, MD

Provider ID: N/A

16405 SAND CANYON AVE
STE 210
IRVINE, CA 92618

Effective as of 01-JUN-22

BESHAI, ALFRED, MD

Provider ID: N/A

16405 SAND CANYON AVE
STE 210
IRVINE, CA 92618

Effective as of 01-MAR-24

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

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

ELSAYED, SARAH SABRY, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-OCT-23

ELSAYED, SARAH SABRY, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-JAN-22

ELSAYED, 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. Lista de proveedores de la red Médico de atención especializada

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

ESLAMI, BAHRAM, 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-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-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-JAN-20

NGUYEN, HUY, MD†

Provider ID: N/A

16305 SAND CANYON AVE
STE 255
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-OCT-23

NGUYEN, HOANG, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-DEC-21

NI, YU-MING, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-AUG-22

NI, YU-MING, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-OCT-23

PATEL, SANJIV, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-OCT-23

PATEL, SANJIV, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-JAN-22

WARRIER, NIKHIL, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618
Effective as of 01-DEC-21

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JAN-22

WONG, JENNIFER, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
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-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-JAN-22

YANG, TAE, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-OCT-23

**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-MAR-22

CHOI, JI, LAC†

Provider ID: N/A

15785 LAGUNA CANYON
RD STE 330
IRVINE, CA 92618

Effective as of 01-FEB-23

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. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-MAY-21

LEE, BRIAN, LAC[†]

Provider ID: N/A

☐ 15785 LAGUNA CANYON
RD STE 330
IRVINE, CA 92618

Effective as of 01-MAY-21

LEE, BRIAN, LAC[†]

Provider ID: N/A

☐ 15785 LAGUNA CANYON
RD STE 330
IRVINE, CA 92618

Effective as of 01-AUG-22

LEE, BRIAN, LAC[†]

Provider ID: N/A

☐ 15785 LAGUNA CANYON
RD STE 330
IRVINE, CA 92618

Effective as of 01-MAY-21

LEE, BRIAN, LAC[†]

Provider ID: N/A

☐ 15785 LAGUNA CANYON
RD STE 330
IRVINE, CA 92618

Effective as of 01-MAY-21

LEE, BRIAN, LAC[†]

Provider ID: N/A

☐ 15785 LAGUNA CANYON
RD STE 330
IRVINE, CA 92618

Effective as of 01-MAY-21

LEE, BRIAN, LAC[†]

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, 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, SEMI, LAC

Provider ID: N/A

☐ 15785 LAGUNA CANYON
RD STE 330
IRVINE, CA 92618

Effective as of 01-JUN-23

LEE, BRIAN, LAC[†]

Provider ID: N/A

☐ 15785 LAGUNA CANYON
RD STE 330
IRVINE, CA 92618

Effective as of 01-FEB-23

PARSI KANEMOTO, MARYAM, LAC[†]

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[†]

Provider ID: N/A

☐ 15775 LAGUNA CANYON
RD STE 210

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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

WEDDLE, DIRK, DC

Provider ID: N/A

15375 BARRANCA PKWY

C1. Lista de proveedores de la red Médico de atención especializada

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-AUG-21

CHAVEZ, BRIAN, MD†

Provider ID: N/A
22 ODYSSEY STE 115
IRVINE, CA 92618
Teleservice
Effective as of 01-OCT-23

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. Lista de proveedores de la red Médico de atención especializada

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-JUN-19

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-OCT-23

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-JAN-19

RIVADENEYRA, ADAM, MD†

Provider ID: N/A

☐ 16300 SAND CANYON AVE
STE 511

IRVINE, CA 92618


Effective as of 01-NOV-17

FEMALE PELVIC MED AND RECONSTRUCTIVE SURG

MWESIGWA, PATRICIA, MD†


Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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-OCT-23


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


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-MAY-16


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-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. Lista de proveedores de la red
Médico de atención especializada**

 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-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-MAY-23


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-22

CHOI, DAVID, DO†
Provider ID: N/A


 113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-MAY-22

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


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


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. Lista de proveedores de la red
Médico de atención especializada**

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

16105 SAND CANYON AVE
STE 230
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

Effective as of 01-JUN-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-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-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

LEE, PAUL, MD†

Provider ID: N/A

113 WATERWORKS WAY
STE 155
IRVINE, CA 92618

Effective as of 01-JAN-18

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

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-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

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. Lista de proveedores de la red
Médico de atención especializada**

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, VICTOR, MD†

Provider ID: N/A

113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-JAN-23

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-21

YU, FANG, MD†

Provider ID: N/A

15825 LAGUNA CANYON
RD STE 106
IRVINE, CA 92618
Effective as of 01-JAN-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-OCT-23

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, 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

***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. Lista de proveedores de la red
Médico de atención especializada**

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-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

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. Lista de proveedores de la red
Médico de atención especializada**

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

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-MAY-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

C1. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red
Médico de atención especializada**

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-SEP-17

WERTMAN, BRETT, MD

Provider ID: N/A

16305 SAND CANYON AVE
STE 255
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

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. Lista de proveedores de la red
Médico de atención especializada**

***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-23

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

KFIR, MENASHE, MD†

Provider ID: N/A

📍 15785 LAGUNA CANYON
RD STE 360
IRVINE, CA 92618
Effective as of 01-JAN-20

C1. Lista de proveedores de la red Médico de atención especializada

KFIR, MENASHE, MD†

Provider ID: N/A

15785 LAGUNA CANYON
RD STE 360
IRVINE, CA 92618

Effective as of 01-JUN-19

MASAKI, DAMON, MD†

Provider ID: N/A

15785 LAGUNA CANYON
RD STE 360
IRVINE, CA 92618

Effective as of 01-DEC-19

MASAKI, DAMON, MD†

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†

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†

Provider ID: N/A

16300 SAND CANYON AVE
STE 609
IRVINE, CA 92618

Effective as of 01-JAN-21

NEPHROLOGY

AHDOOT, JACOB, MD†

Provider ID: N/A

15775 LAGUNA CANYON
RD STE 220
IRVINE, CA 92618

Effective as of 01-JAN-14

AHDOOT, JACOB, MD†

Provider ID: N/A

15775 LAGUNA CANYON
RD STE 220
IRVINE, CA 92618

Effective as of 01-JAN-18

AHDOOT, JACOB, MD†

Provider ID: N/A

15775 LAGUNA CANYON
RD STE 220
IRVINE, CA 92618

Effective as of 01-APR-11

AHDOOT, JACOB, MD†

Provider ID: N/A

15775 LAGUNA CANYON
RD STE 220
IRVINE, CA 92618

Effective as of 01-JAN-20

AHDOOT, JACOB, MD†

Provider ID: N/A

15775 LAGUNA CANYON
RD STE 220
IRVINE, CA 92618

Effective as of 01-JAN-21

AHDOOT, JACOB, MD†

Provider ID: N/A

15775 LAGUNA CANYON
RD STE 220
IRVINE, CA 92618

Effective as of 01-MAY-12

AHDOOT, JACOB, MD†

Provider ID: N/A

15775 LAGUNA CANYON
RD STE 220
IRVINE, CA 92618

Effective as of 01-JUN-18

AHDOOT, JACOB, MD†

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. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

THAKKAR, SANDEEP, DO[†]

Provider ID: N/A

16405 SAND CANYON AVE
STE 265
IRVINE, CA 92618

Effective as of 01-AUG-22

THAKKAR, SANDEEP, DO[†]

Provider ID: N/A

16405 SAND CANYON AVE
STE 265
IRVINE, CA 92618

Effective as of 01-AUG-22

THAKKAR, SANDEEP, DO[†]

Provider ID: N/A

16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618

Effective as of 01-MAR-19

THAKKAR, SANDEEP, DO[†]

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[†]

Provider ID: N/A

113 WATERWORKS WAY
STE 350
IRVINE, CA 92618

Effective as of 01-MAR-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

113 WATERWORKS WAY
STE 350
IRVINE, CA 92618

Effective as of 01-MAR-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

113 WATERWORKS WAY
STE 350
IRVINE, CA 92618

Effective as of 01-MAR-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

113 WATERWORKS WAY
STE 350
IRVINE, CA 92618

Effective as of 01-MAR-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

113 WATERWORKS WAY
STE 350
IRVINE, CA 92618

Effective as of 01-MAR-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

113 WATERWORKS WAY
STE 350
IRVINE, CA 92618

Effective as of 01-MAR-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

113 WATERWORKS WAY
STE 350

IRVINE, CA 92618

Effective as of 01-AUG-23

ELBALALESY, NASER, MD[†]

Provider ID: N/A

113 WATERWORKS WAY
STE 350
IRVINE, CA 92618

Effective as of 01-AUG-23

ELBALALESY, NASER, MD[†]

Provider ID: N/A

113 WATERWORKS WAY
STE 350
IRVINE, CA 92618

Effective as of 01-AUG-23

ELBALALESY, NASER, MD[†]

Provider ID: N/A

113 WATERWORKS WAY
STE 350
IRVINE, CA 92618

Effective as of 01-OCT-22

ELBALALESY, NASER, MD[†]

Provider ID: N/A

113 WATERWORKS WAY
STE 350
IRVINE, CA 92618

Effective as of 01-JUN-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

113 WATERWORKS WAY
STE 350
IRVINE, CA 92618

Effective as of 01-AUG-23

NUCLEAR MEDICINE

REDDY, RYAN, MD

Provider ID: N/A

16105 SAND CANYON AVE
STE 215
IRVINE, CA 92618

C1. Lista de proveedores de la red Médico de atención especializada

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-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-JUL-12

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-FEB-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-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

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

16105 SAND CANYON AVE
STE 200
IRVINE, CA 92618

Effective as of 01-JUN-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

LEE, KATHERINE, MD

Provider ID: N/A

16305 SAND CANYON AVE
STE 275
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-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†

Provider ID: N/A

16300 SAND CANYON AVE
STE 608
IRVINE, CA 92618

Effective as of 01-OCT-23

GE, NENGJIE, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-18

GE, NENGJIE, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 608

IRVINE, CA 92618

Effective as of 01-JAN-17

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, 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

LEE, ANDREW, MD

Provider ID: N/A

18 ENDEAVOR STE 104
IRVINE, CA 92618

Effective as of 01-MAY-23

LEE, JIMMY, MD†

Provider ID: N/A

15825 LAGUNA CANYON
RD STE 201

IRVINE, CA 92618

Effective as of 01-JUL-22

MARVASTI, AMIR, MD

Provider ID: N/A

15825 LAGUNA CANYON
RD STE 201

IRVINE, CA 92618

Effective as of 01-JAN-23

MARVASTI, AMIR, MD

Provider ID: N/A

15825 LAGUNA CANYON
RD STE 201

IRVINE, CA 92618

Effective as of 01-OCT-23

NGUYEN, BAO-THU, MD†

Provider ID: N/A

15825 LAGUNA CANYON
RD STE 201

IRVINE, CA 92618*

Effective as of 01-OCT-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-JAN-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-OCT-23

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

C1. Lista de proveedores de la red Médico de atención especializada

VAIDYA, NADEEM, MD†

Provider ID: N/A

16100 SAND CANYON AVE
STE 385
IRVINE, CA 92618

Effective as of 01-JAN-21

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, STEVEN, OD

Provider ID: N/A

22 ODYSSEY STE 150
IRVINE, CA 92618

Effective as of 01-OCT-23

WANG, MATTHEW, OD†

Provider ID: N/A

22 ODYSSEY STE 150
IRVINE, CA 92618

Effective as of 01-OCT-23

WANG, MATTHEW, OD†

Provider ID: N/A

22 ODYSSEY STE 150
IRVINE, CA 92618

Effective as of 01-JAN-23

WANG, MATTHEW, OD†

Provider ID: N/A

22 ODYSSEY STE 150
IRVINE, CA 92618

Effective as of 01-JAN-18

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†

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618

Effective as of 01-JUN-19

BALAKER, ASHLEY, MD†

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618

Effective as of 01-APR-23

BALAKER, ASHLEY, MD†

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618

Effective as of 01-OCT-22

BALAKER, ASHLEY, MD†

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618

Effective as of 01-APR-23

BALAKER, ASHLEY, MD†

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618

Effective as of 01-MAY-19

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

BUEN, FLOYD, MD†

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618

Effective as of 01-DEC-20

BUEN, FLOYD, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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-DEC-20

BUEN, FLOYD, MD†

Provider ID: N/A

☒ 18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-DEC-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-JAN-18

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-FEB-23

GE, NORMAN, MD†

Provider ID: N/A

☒ 113 WATERWORKS WAY
STE 145
IRVINE, CA 92618
Effective as of 01-OCT-12

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-MAY-19

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

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-JAN-14

SUN, JOHN, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-20

SUN, PAUL, MD†

Provider ID: N/A
☐ 22 ODYSSEY STE 100
IRVINE, CA 92618
Effective as of 01-JAN-21

SUN, JOHN, MD†

Provider ID: N/A
☐ 22 ODYSSEY STE 100
IRVINE, CA 92618
Effective as of 01-MAR-16

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, 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-OCT-23

SUN, PAUL, MD†

Provider ID: N/A
☐ 22 ODYSSEY STE 100
IRVINE, CA 92618
Effective as of 01-FEB-16

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

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-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-FEB-16

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. Lista de proveedores de la red Médico de atención especializada

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[†]

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[†]

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-JAN-23

STONE, MICHELLE, PA

Provider ID: N/A

16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618
Effective as of 01-FEB-23

C1. Lista de proveedores de la red Médico de atención especializada

STONE, MICHELLE, PA

Provider ID: N/A

16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618
Effective as of 01-FEB-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. Lista de proveedores de la red
Médico de atención especializada**

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

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

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-NOV-16

SALO, CLINT, DO†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

2 HUGHES STE 100
IRVINE, CA 92618
Effective as of 01-AUG-17

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

2 HUGHES STE 100
IRVINE, CA 92618
Effective as of 01-NOV-16

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

C1. Lista de proveedores de la red Médico de atención especializada

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
STE 150
IRVINE, CA 92618
Effective as of 01-JAN-20

LIN, KEVIN, MD†

Provider ID: N/A
16105 SAND CANYON AVE
IRVINE, CA 92618
Effective as of 01-JAN-21

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-APR-15

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†

**C1. Lista de proveedores de la red
Médico de atención especializada**

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. Lista de proveedores de la red
Médico de atención especializada**

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-NOV-15

NISHANIAN, GARABED, MD†

Provider ID: N/A

16100 SAND CANYON AVE

STE 350
IRVINE, CA 92618
Effective as of 01-JAN-21

***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 300
IRVINE, CA 92618

Effective as of 01-APR-24

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-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

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. Lista de proveedores de la red Médico de atención especializada

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-OCT-23

ALI, RAED, MD†

Provider ID: N/A

113 WATERWORKS WAY
STE 240

IRVINE, CA 92618

Effective as of 01-OCT-23

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

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-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-SEP-23

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-MAR-21

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. Lista de proveedores de la red Médico de atención especializada

GITTINGS, DANIEL, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618

Effective as of 01-FEB-22

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

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-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-SEP-23

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-FEB-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

Effective as of 01-FEB-21

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

C1. Lista de proveedores de la red Médico de atención especializada

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

KADAKIA, NIMISH, MD†

Provider ID: N/A

22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-SEP-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-SEP-23

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-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-JAN-23

KIM, ABRAHAM, MD†

Provider ID: N/A

22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-JAN-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. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

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

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-DEC-12

WHITE, JON, MD†
Provider ID: N/A
16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618
Effective as of 01-FEB-03

WHITE, JON, MD†
Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

16300 SAND CANYON AVE STE 511
IRVINE, CA 92618
Effective as of 01-JAN-23

WONG, JEFFREY, MD†
Provider ID: N/A

22 ODYSSEY STE 205
IRVINE, CA 92618
Effective as of 01-SEP-23

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

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

YOUDERIAN, ARI, MD†

Provider ID: N/A

22 ODYSSEY STE 205
IRVINE, CA 92618
Effective as of 01-DEC-21

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

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-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

KANAAN, SAMER, MD†

Provider ID: N/A

4 HUGHES STE 100
IRVINE, CA 92618
Effective as of 01-APR-22

**C1. Lista de proveedores de la red
Médico de atención especializada**

KANAAN, SAMER, MD†

Provider ID: N/A

4 HUGHES STE 100
IRVINE, CA 92618

Effective as of 01-DEC-23

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-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-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

ELKHOURY, FUAD, MD

Provider ID: N/A

16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618

Effective as of 01-JAN-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-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

GRUENENFELDER, JENNIFER, MD

Provider ID: N/A

16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618

Effective as of 01-JAN-21

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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-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-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. Lista de proveedores de la red
Médico de atención especializada**

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-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-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-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-JAN-21


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-JUN-18

SPITZ, AARON, MD†

Provider ID: N/A
 16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-DEC-19

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

SPITZ, AARON, MD†

Provider ID: N/A

16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-FEB-23

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
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-DEC-19

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-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-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-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

ZHAO, HANSON, MD

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

***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

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

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

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

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-JAN-23

MENDENHALL, GEORGE, MD†

Provider ID: N/A

9850 GENESEE AVE STE
940

LA JOLLA, CA 92037

Effective as of 01-JUL-18

PATEL, JIGAR, DO†

**C1. Lista de proveedores de la red
Médico de atención especializada**

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. Lista de proveedores de la red Médico de atención especializada

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

☒ 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

☒ 9400 CAMPUS POINT DR
LA JOLLA, CA 92093
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

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

☒ 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

MURRAY, STEVEN, LAC

Provider ID: N/A

☒ 9400 CAMPUS POINT DR
LA JOLLA, CA 92093
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

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

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. Lista de proveedores de la red Médico de atención especializada

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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-APR-23

CAMAQUIN, MIA, NP

Provider ID: N/A

9350 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

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-MAY-23

GOMEZ, LESLIE, NP

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

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-JAN-21

GOSHEN, KIRSTEN, NP†

Provider ID: N/A

9850 GENESEE AVE STE
570

LA JOLLA, CA 92037

Effective as of 01-SEP-22

HADINGER, JANE, NP

C1. Lista de proveedores de la red Médico de atención especializada

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

9434 MEDICAL CENTER DR
LA JOLLA, CA 92037

Effective as of 01-AUG-22

JENKINS, ERIN, NP

Provider ID: N/A

9300 CAMPUS POINT 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

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

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

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Effective as of 01-MAY-23

LEE, MINDY, NP

Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

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. Lista de proveedores de la red Médico de atención especializada

 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

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-AUG-22


MCCLAIN, MEGAN, NP†

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
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

 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-JUN-21


MWAURA, WAIRIMU, NP†

Provider ID: N/A

 9850 GENESEE AVE STE
560
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-24


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. Lista de proveedores de la red Médico de atención especializada

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

9834 GENESEE AVE STE
416
LA JOLLA, CA 92037
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-21

TOMICICH, STEPHANIE, NP†

Provider ID: N/A

9850 GENESEE AVE STE
440
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-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-MAR-24

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

CI. Lista de proveedores de la red Médico de atención especializada

ZUNIGA, VANIA, NP†

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†

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†

Provider ID: N/A

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUL-21

DOLLAND, STEVEN, CRNA†

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†

Provider ID: N/A

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

POLLOM, JESSICA, CRNA†

Provider ID: N/A

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUL-21

RAMIREZ, NICOLE, CRNA†

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†

Provider ID: N/A

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-APR-21

SNODGRASS, JULIE, CRNA†

Provider ID: N/A

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUL-21

SOTO, GILBERTO, CRNA†

Provider ID: N/A

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-FEB-22

CERTIFIED REGISTERED

CI. Lista de proveedores de la red Médico de atención especializada

NURSE MIDWIFE

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

C1. Lista de proveedores de la red Médico de atención especializada

HOGUE, BRENNNA, MD

Provider ID: N/A

📄 8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

Effective as of 01-JUN-23

HOGUE, BRENNNA, 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

📄 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-AUG-21

KUTZ, CRAIG, MD†

Provider ID: N/A

📄 8910 VILLA LA JOLLA DR
STE 200
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

C1. Lista de proveedores de la red Médico de atención especializada

LA JOLLA, CA 92037
Teleservice
Effective as of 01-JAN-23

SCHNEIDER, DARIUS, MD

Provider ID: N/A
📄 9850 GENESEE AVE STE
470
LA JOLLA, CA 92037
Teleservice
Effective as of 01-OCT-21

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
📄 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

HASAN, AWS, MD

Provider ID: N/A
📄 9300 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-NOV-14

MAYER, ANDREW, MD†

Provider ID: N/A
📄 9850 GENESEE AVE STE
820
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

PAREDEZ, EDWARD, MD†

Provider ID: N/A
📄 9850 GENESEE AVE STE
820
LA JOLLA, CA 92037
Teleservice
Effective as of 01-FEB-05

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

C1. Lista de proveedores de la red Médico de atención especializada

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
Effective as of 01-NOV-14

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

C1. Lista de proveedores de la red Médico de atención especializada

WALLACH, SABINA, MD†

Provider ID: N/A

9850 GENESEE AVE STE
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

C1. Lista de proveedores de la red Médico de atención especializada

LA JOLLA, CA 92037*
Effective as of 01-FEB-21

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

📍 9888 GENESEE AVE
LA JOLLA, CA 92037*
Effective as of 01-JAN-21

LAM, PAMELA, DO†

Provider ID: N/A

📍 9850 GENESEE AVE STE
900
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

LEWIS, GREG, MD†

Provider ID: N/A

📍 9888 GENESEE AVE
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

C1. Lista de proveedores de la red Médico de atención especializada

MIRZA, BASHAR, MD

Provider ID: N/A

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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-FEB-21

PATEL, KRUTI, MD†

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-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

9888 GENESEE AVE
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

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, MEHUL, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JAN-24

TRIVEDI, NAYANA MOHAN, MD†

Provider ID: N/A

9850 GENESEE AVE STE
900
LA JOLLA, CA 92037
Effective as of 01-JAN-21

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

C1. Lista de proveedores de la red Médico de atención especializada

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

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

ELLEGE, 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-JAN-21

FLORES, EDNA, MD†

Provider ID: N/A

9850 GENESEE AVE STE
560
LA JOLLA, CA 92037
Effective as of 01-JUN-18

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

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

4225 EXECUTIVE SQ STE
450
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-FEB-05

STEER, DYLAN, MD†

Provider ID: N/A

9834 GENESEE AVE STE
312
LA JOLLA, CA 92037
Effective as of 01-JUL-22

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

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-JUL-22

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

C1. Lista de proveedores de la red Médico de atención especializada

LA JOLLA, CA 92037
Effective as of 01-MAY-22

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

📄 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

SADOFF, MARK, MD†

Provider ID: N/A

📄 9850 GENESEE AVE STE
470

LA JOLLA, CA 92037

Effective as of 01-FEB-16

SADOFF, MARK, MD†

Provider ID: N/A

📄 9850 GENESEE AVE STE
530

LA JOLLA, CA 92037

Effective as of 01-FEB-21

SCHIM, JACK, MD†

Provider ID: N/A

📄 9850 GENESEE AVE STE
470

C1. Lista de proveedores de la red Médico de atención especializada

LA JOLLA, CA 92037
Effective as of 01-FEB-16

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, CHUNYANG, MD†

Provider ID: N/A

📍 9850 GENESEE AVE STE
470

LA JOLLA, CA 92037
Effective as of 01-FEB-16

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

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

📍 9300 CAMPUS POINT DR

LA JOLLA, CA 92037
Effective as of 01-NOV-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

DELCORE, LAURA, MD†

Provider ID: N/A

📍 8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

Effective as of 01-AUG-22

DELCORE, LAURA, MD†

Provider ID: N/A

📍 9300 CAMPUS POINT 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

DRIEBE, AMY, MD†

Provider ID: N/A

📍 8910 VILLA LA JOLLA 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

C1. Lista de proveedores de la red Médico de atención especializada

HILL, KAITLYN, MD

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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

9415 CAMPUS POINT DR
LA JOLLA, CA 92093
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

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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

C1. Lista de proveedores de la red Médico de atención especializada

BINDER, NICHOLAS, MD†

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-DEC-23

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

BOLO, KYLE, MD

Provider ID: N/A

📄 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

📄 9415 CAMPUS POINT DR
LA JOLLA, CA 92093

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

📄 9415 CAMPUS POINT DR
LA JOLLA, CA 92093
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

📄 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

📄 9415 CAMPUS POINT DR
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-APR-23

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-MAY-21

HUDSON, HENRY, MD†

Provider ID: N/A

📄 9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-SEP-22

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

📄 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-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

📄 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-OCT-95

PERRY, ARTHUR, MD

Provider ID: N/A

📄 9850 GENESEE AVE STE

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

PERRY, ARTHUR, 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-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

9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-JUN-23

RAHMATNEJAD, KAMRAN, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

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

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

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

☐ 9850 GENESEE AVE STE
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

☐ 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUL-23

JOMOC, CAITLIN, OD

Provider ID: N/A

☐ 9415 CAMPUS POINT DR
LA JOLLA, CA 92093
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-DEC-23

KHIEU, TINA, OD

Provider ID: N/A

☐ 9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-MAR-24

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

☐ 9300 CAMPUS POINT DR
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

OTOLARYNGOLOGY

**C1. Lista de proveedores de la red
Médico de atención especializada**

BAREISS, ANNA, MD

Provider ID: N/A

4150 REGENTS PARK ROW
STE 345
LA JOLLA, CA 92037

Teleservice

Effective as of 01-DEC-23

BAREISS, ANNA, MD

Provider ID: N/A

4150 REGENTS PARK ROW
STE 345
LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAY-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

9400 CAMPUS POINT 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

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

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

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-OCT-21

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

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

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

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

FRIEDMAN, RICK, MD

Provider ID: N/A

 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
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

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23


FRIEDMAN, RICK, MD

Provider ID: N/A

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093
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

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

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
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

GREENE, JACQUELINE, MD

Provider ID: N/A

 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
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

 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


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

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
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


GUO, THERESA, MD†

Provider ID: N/A

 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
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

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

 9350 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

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

 9350 CAMPUS POINT DR

C1. Lista de proveedores de la red Médico de atención especializada

LA JOLLA, CA 92037
Effective as of 01-MAY-23

HOM, DAVID, MD

Provider ID: N/A
3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92037
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

HUGHES, CHARLOTTE, MD

Provider ID: N/A
3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
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
9350 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

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
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
9350 CAMPUS POINT DR
STE LLA
LA JOLLA, CA 92037
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
9350 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

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
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
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
9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

C1. Lista de proveedores de la red Médico de atención especializada

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
DR
LA JOLLA, CA 92093

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

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

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-JAN-21

REUTHER, MARSHA, MD†

Provider ID: N/A

4150 REGENTS PARK ROW
STE 345

LA JOLLA, CA 92037

Effective as of 01-AUG-23

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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

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

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

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

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

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

9350 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

**C1. Lista de proveedores de la red
Médico de atención especializada**

LA JOLLA, CA 92093
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
9300 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
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

YAN, CAROL, MD†

Provider ID: N/A
9350 CAMPUS POINT DR
STE LLA
LA JOLLA, CA 92037
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

C1. Lista de proveedores de la red Médico de atención especializada

9850 GENESEE AVE STE
320
LA JOLLA, CA 92037
Effective as of 01-JUN-23

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

C1. Lista de proveedores de la red Médico de atención especializada

 8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
Effective as of 01-JAN-22


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

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

 9350 CAMPUS POINT DR
STE LLA
LA JOLLA, CA 92037
Effective as of 01-FEB-22


MARTIN, HALEY, PA

Provider ID: N/A

 9434 MEDICAL CENTER 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

 9300 CAMPUS POINT 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

 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-APR-21


OKADA, MICHELLE, PA†

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

C1. Lista de proveedores de la red Médico de atención especializada

RAHIM, ARIANNA, PA

Provider ID: N/A

📍 9850 GENESEE AVE STE
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

📍 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

SHARAF, KAREEM, PA†

Provider ID: N/A

📍 9434 MEDICAL CENTER 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-APR-23

BERGER, COLBY, DPM

Provider ID: N/A

📍 9850 GENESEE AVE STE
510
LA JOLLA, CA 92037

Effective as of 01-JUN-23

C1. Lista de proveedores de la red Médico de atención especializada

KREPS, CHRISTOPHER, DPM†

Provider ID: N/A

📄 9850 GENESEE AVE STE
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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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

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

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

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†

C1. Lista de proveedores de la red Médico de atención especializada

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

Effective as of 01-AUG-22

PSYCHIATRY CHILD

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

9834 GENESEE AVE STE
400
LA JOLLA, CA 92037

Effective as of 01-JUL-21

KARIPPOT, ANOOP, MD[†]

Provider ID: N/A

9850 GENESEE AVE STE
710
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-23

KARIPPOT, ANOOP, MD[†]

Provider ID: N/A

9834 GENESEE AVE STE
400
LA JOLLA, CA 92037

Effective as of 01-JUL-21

KARIPPOT, ANOOP, MD[†]

Provider ID: N/A

9834 GENESEE AVE STE
400
LA JOLLA, CA 92037

Effective as of 01-JUL-21

KARIPPOT, ANOOP, MD[†]

Provider ID: N/A

9834 GENESEE AVE STE
400
LA JOLLA, CA 92037

Effective as of 01-JUL-21

KARIPPOT, ANOOP, MD[†]

Provider ID: N/A

9850 GENESEE AVE STE
710
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-23

KARIPPOT, ANOOP, MD[†]

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[†]

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

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[†]

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C217
LA JOLLA, CA 92037

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
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Effective as of 01-JUN-23

BOUTELLE, KERRI, PhD

Provider ID: N/A

3344 N TORREY PINES CT
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BOUTELLE, KERRI, PhD

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CRANDAL, BRENT, PhD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
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CRANDAL, BRENT, PhD†

Provider ID: N/A

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CUSACK, ANNE, PSYD

Provider ID: N/A

8950 VILLA LA JOLLA DR
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CUSACK, ANNE, PSYD

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EICHEN, DAWN, PhD

Provider ID: N/A

3344 N TORREY PINES CT
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EICHEN, DAWN, PhD

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KAUP, ALLISON, PhD†

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KAUP, ALLISON, PhD†

Provider ID: N/A

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Effective as of 01-JAN-24

KAUP, ALLISON, PhD†

Provider ID: N/A

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KAUP, ALLISON, PhD†

Provider ID: N/A

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MINASSIAN, ARPI, PhD†

Provider ID: N/A

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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
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Effective as of 01-NOV-21

CI. Lista de proveedores de la red Médico de atención especializada

MINASSIAN, ARPI, PhD[†]

Provider ID: N/A

📍 9400 CAMPUS POINT DR
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PARK, JESSIE, PSYD[†]

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📍 8950 VILLA LA JOLLA DR
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LA JOLLA, CA 92037
Effective as of 01-DEC-21

PARK, JESSIE, PSYD[†]

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR
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Effective as of 01-DEC-21

REED, KRISTIE, PhD[†]

Provider ID: N/A

📍 8950 VILLA LA JOLLA DR
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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

📍 8950 VILLA LA JOLLA DR
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Effective as of 01-AUG-22

REED, KRISTIE, PhD

Provider ID: N/A

📍 3344 N TORREY PINES CT
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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

TARLE, STEPHANIE, PhD

Provider ID: N/A

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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
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PULMONARY DISEASES

BAILEY, JACOB, MD

Provider ID: N/A

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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CORATE, LALAINE, MD[†]

Provider ID: N/A

📍 9850 GENESEE AVE STE
780
LA JOLLA, CA 92037
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CORATE, LALAINE, MD[†]

Provider ID: N/A

📍 9850 GENESEE AVE STE
370
LA JOLLA, CA 92037

Effective as of 01-JAN-21

CORATE, LALAINE, MD[†]

Provider ID: N/A

📍 9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
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FE, ALEXANDER, MD[†]

Provider ID: N/A

📍 9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
Effective as of 01-SEP-21

FE, ALEXANDER, MD[†]

Provider ID: N/A

📍 9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
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FRICKS, CARL, MD[†]

Provider ID: N/A

📍 9850 GENESEE AVE STE
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LA JOLLA, CA 92037
Effective as of 01-JAN-21

FRICKS, CARL, MD[†]

Provider ID: N/A

📍 9850 GENESEE AVE STE
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LA JOLLA, CA 92037
Effective as of 01-JUL-20

GLICKMAN, SAMUEL, MD[†]

Provider ID: N/A

📍 9850 GENESEE AVE STE
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JONES, DANIEL, MD[†]

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

9850 GENESEE AVE STE
370
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Effective as of 01-JUL-20

MCCAUL, DAVID, MD†

Provider ID: N/A

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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

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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
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LA JOLLA, CA 92093
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HATTANGADI GLUTH, JONA, MD†

Provider ID: N/A

3855 HEALTH SCIENCES
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HORN, ADAM, MD

Provider ID: N/A

3855 HEALTH SCIENCES
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LA JOLLA, CA 92093
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MACEWAN, IAIN, MD†

Provider ID: N/A

3855 HEALTH SCIENCES
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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
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Effective as of 01-DEC-23

RADIOLOGY DIAGNOSTIC

AGANOVIC, LEJLA, MD

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

AMMIRATI, GUISEPPE, MD†
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9834 GENESEE AVE STE 411
LA JOLLA, CA 92037
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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
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BUI, KEVIN, MD†
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9300 CAMPUS POINT DR
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CARSWELL, AIMEE, MD
Provider ID: N/A

9300 CAMPUS POINT DR
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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
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Effective as of 01-APR-23

CHENG, KAREN, MD†
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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
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Effective as of 01-APR-23

CHUNG, CHRISTINE, MD
Provider ID: N/A

9452 MEDICAL CENTER DR
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Effective as of 01-APR-23

DORROS, STEPHEN, MD
Provider ID: N/A

9452 MEDICAL CENTER DR
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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
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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
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FOWLER, KATHRYN, MD
Provider ID: N/A

9452 MEDICAL CENTER DR
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GENTILI, AMILCARE, MD
Provider ID: N/A

9452 MEDICAL CENTER DR
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HAHN, LEWIS, MD
Provider ID: N/A

9452 MEDICAL CENTER DR
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HAHN, MICHAEL, MD
Provider ID: N/A

9452 MEDICAL CENTER DR
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C1. Lista de proveedores de la red Médico de atención especializada

HANDWERKER, JASON, MD

Provider ID: N/A

9452 MEDICAL CENTER DR
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Effective as of 01-APR-23

HAWLEY, DANIEL, MD

Provider ID: N/A

9300 CAMPUS POINT DR
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HOROWITZ, MICHAEL, MD

Provider ID: N/A

9452 MEDICAL CENTER DR
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HSIAO, ALBERT, MD

Provider ID: N/A

9452 MEDICAL CENTER DR
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HUANG, BRADY, MD

Provider ID: N/A

9452 MEDICAL CENTER DR
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JACOBS, KATHLEEN, MD

Provider ID: N/A

9452 MEDICAL CENTER DR
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JACOBSON, JON, MD

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9300 CAMPUS POINT DR
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JAFFRAY, PAUL, MD

Provider ID: N/A

9300 CAMPUS POINT DR
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Effective as of 01-JUN-23

KAROW, DAVID, MD

Provider ID: N/A

9300 CAMPUS POINT DR
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KAROW, DAVID, MD

Provider ID: N/A

9452 MEDICAL CENTER DR
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KARUNAMUNI, JENNIFER, MD

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KIM, ERIC, MD†

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KLIGERMAN, SETH, MD

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KONDILI, DHIMITER, MD†

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LEE, ROLAND, MD

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LIM, VIVIAN, MD

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MAREK BYKOWSKI, JULIE, MD

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MARKS, ROBERT, MD

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MCDONALD, MARIN, MD†

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MCDONALD, MARIN, MD

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MCNAMEE, CAIRINE, MD

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9452 MEDICAL CENTER DR
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MCNAMEE, CAIRINE, MD†

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9300 CAMPUS POINT DR
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MURPHY, PAUL, MD

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

NORBASH, ALEXANDER, MD
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9452 MEDICAL CENTER DR
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OBOYLE, MARY, MD
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9452 MEDICAL CENTER DR
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OBOYLE, MARY, MD†
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9300 CAMPUS POINT DR
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**OJEDA-FOURNIER, HAYDEE,
MD**
Provider ID: N/A

9452 MEDICAL CENTER DR
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PATHRIA, MINI, MD
Provider ID: N/A

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**RAKOW-PENNER, REBECCA,
MD**
Provider ID: N/A

9452 MEDICAL CENTER DR
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RESNICK, DONALD, MD
Provider ID: N/A

9452 MEDICAL CENTER DR

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RITCHIE, DAVID, MD
Provider ID: N/A

9300 CAMPUS POINT DR
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Effective as of 01-JUN-23

SADAT, SAYED, DO
Provider ID: N/A

9300 CAMPUS POINT DR
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SAMPATH, SRIHARI, MD
Provider ID: N/A

9452 MEDICAL CENTER DR
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SAMPATH, SRINATH, MD
Provider ID: N/A

9452 MEDICAL CENTER DR
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SANTILLAN, CYNTHIA, MD
Provider ID: N/A

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SEARLEMAN, ADAM, MD
Provider ID: N/A

9300 CAMPUS POINT DR
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Effective as of 01-JUN-23

SLATER, JERRY, MD†
Provider ID: N/A

9300 CAMPUS POINT DR
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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

C1. Lista de proveedores de la red Médico de atención especializada

LA JOLLA, CA 92037
Effective as of 01-JUN-23

VAHDOT, NOUSHIN, MD

Provider ID: N/A

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
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REGISTERED PHYSICAL THERAPIST

CAPONETTI, ELLIOTT, PT

Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
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CAPONETTI, ELLIOTT, PT

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JAN-24

FERRER, MIRON, PT

Provider ID: N/A

9350 CAMPUS POINT DR
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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

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420
LA JOLLA, CA 92037
Effective as of 01-FEB-17

KIM, JANET, MD

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9850 GENESEE AVE STE
420
LA JOLLA, CA 92037
Effective as of 01-SEP-18

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

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

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

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-APR-22

SCHIEDERMAYER, BENJAMIN, SP†

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-APR-22

THOMPSON, DANIELLE, SP

Provider ID: N/A

3855 HEALTH SCIENCES

C1. Lista de proveedores de la red Médico de atención especializada

DR
LA JOLLA, CA 92093
Effective as of 01-JAN-24

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-AUG-12

WORSEY, MICHAEL, MD†

Provider ID: N/A
📍 9834 GENESEE AVE STE
201
LA JOLLA, CA 92037
Effective as of 01-JAN-21

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-SEP-22

BHOYRUL, SUNIL, 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-JAN-21

BORTZ, PASCAL, MD†

Provider ID: N/A
📍 9850 GENESEE AVE STE
570
LA JOLLA, CA 92037
Effective as of 01-AUG-23

BORTZ, PASCAL, MD†

Provider ID: N/A
📍 9850 GENESEE AVE STE
570
LA JOLLA, CA 92037
Effective as of 01-SEP-22

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

C1. Lista de proveedores de la red Médico de atención especializada

HORGAN, SANTIAGO, MD

Provider ID: N/A

9300 CAMPUS POINT DR
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-FEB-24

SHAPER, EMANUEL, MD

Provider ID: N/A

9850 GENESEE AVE STE
570
LA JOLLA, CA 92037
Effective as of 01-MAY-23

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

C1. Lista de proveedores de la red
Médico de atención especializada

OSTRUP, RICHARD, MD†

Provider ID: N/A

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

C1. Lista de proveedores de la red Médico de atención especializada

9834 GENESEE AVE STE
228
LA JOLLA, CA 92037*

Teleservice

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-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

MOFID, MEHRDAD, MD†

Provider ID: N/A

4150 REGENTS PARK ROW
STE 300
LA JOLLA, CA 92037

Effective as of 01-SEP-15

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

C1. Lista de proveedores de la red Médico de atención especializada

9850 GENESEE AVE STE
560
LA JOLLA, CA 92037
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-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-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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

NAITOH, JOHN, MD†

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-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-19

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

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

CI. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-SEP-22

YUH, BENJAMIN, MD†

Provider ID: N/A

☒ 9850 GENESEE AVE STE
440

LA JOLLA, CA 92037

Effective as of 01-JAN-23

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-JAN-21

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-FEB-16

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

C1. Lista de proveedores de la red Médico de atención especializada

LA MESA, CA 91942
Teleservice
Effective as of 01-JUN-23

KIM, JAMES, MD

Provider ID: N/A
☒ 5358 JACKSON DR STE 1
LA MESA, CA 91942
Teleservice
Effective as of 01-AUG-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-21

ZU, KAI, MD†

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

5555 GROSSMONT
CENTER DR
LA MESA, CA 91942*

Teleservice

Effective as of 01-JAN-14

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

C1. Lista de proveedores de la red Médico de atención especializada

LA MESA, CA 91942
Effective as of 01-SEP-22

YELLEN, LAURENCE, MD†

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†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JAN-21

DO, LUAN, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JAN-21

DO, LUAN, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-SEP-20

DO, LUAN, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JUL-22

DO, LUAN, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942

Effective as of 01-JAN-14

FADDA, GEORGE, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JUL-22

FADDA, GEORGE, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JAN-21

FADDA, GEORGE, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-AUG-16

FADDA, GEORGE, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-AUG-16

FARAVARDEH, ARMAN, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-AUG-14

LEININGER, DANIEL, DO†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Teleservice
Effective as of 01-AUG-22

LEININGER, DANIEL, DO†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Teleservice
Effective as of 01-OCT-22

LEININGER, DANIEL, DO†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Teleservice
Effective as of 01-SEP-22

LEININGER, DANIEL, DO†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Teleservice
Effective as of 01-SEP-22

MILLER, LUCY, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JUL-22

MILLER, LUCY, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-SEP-20

MILLER, LUCY, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JAN-21

MILLER, LUCY, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-APR-15

MILLER, LUCY, MD†

Provider ID: N/A
☒ 8851 CENTER DR STE 505
LA MESA, CA 91942
Effective as of 01-JAN-21

**C1. Lista de proveedores de la red
Médico de atención especializada**

SAEED, ODAY, MD

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-21

**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-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

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

**BERNALES-MENDEZ,
DEZARINA, OT**

Provider ID: N/A

4700 SPRING ST STE 180
LA MESA, CA 91942
Effective as of 01-NOV-23

PORTER, EILEEN, OT

Provider ID: N/A

4700 SPRING ST STE 180
LA MESA, CA 91942
Effective as of 01-NOV-23

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

8388 PARKWAY DR
LA MESA, CA 91942
Effective as of 01-JAN-22

SHIH, LYNN, OT

Provider ID: N/A

8388 PARKWAY DR

**C1. Lista de proveedores de la red
Médico de atención especializada**

LA MESA, CA 91942
Effective as of 01-DEC-23

SHIH, LYNN, OT

Provider ID: N/A
7339 EL CAJON BLVD STE 180
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
5565 GROSSMONT
CENTER DR STE 3 BLDG 2
LA MESA, CA 91942
Effective as of 01-NOV-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

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-MAY-22

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-FEB-23

DELENGOCKY, TAYSON, DO†

**C1. Lista de proveedores de la red
Médico de atención especializada**

Provider ID: N/A

8851 CENTER DR STE 406
LA MESA, CA 91942
Effective as of 01-JUL-22

DELENGOCKY, TAYSON, DO†

Provider ID: N/A

8851 CENTER DR STE 406
LA MESA, CA 91942
Effective as of 01-SEP-22

FISH, STEVEN, MD†

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

5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-JUN-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†

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†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-JUN-23

GOLLOGLY, HEIDRUN, MD†

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†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-JAN-21

GOLLOGLY, HEIDRUN, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 3 BLDG 2
LA MESA, CA 91942
Effective as of 01-SEP-22

GOLLOGLY, HEIDRUN, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-SEP-22

GOLLOGLY, HEIDRUN, MD†

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†

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†

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†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 2-3
LA MESA, CA 91942
Effective as of 01-SEP-22

HAIGHT, BRUCE, MD†

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†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE
551
LA MESA, CA 91942
Effective as of 01-JAN-22

HAIGHT, BRUCE, MD†

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†

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†

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

5565 GROSSMONT
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-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-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-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. Lista de proveedores de la red
Médico de atención especializada**

**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

**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

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-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

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, 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, SARJAN, MD†

Provider ID: N/A

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942

Effective as of 01-MAR-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-23

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

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

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-DEC-23

PRABHU, SUJATA, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE
551
LA MESA, CA 91942

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-MAR-22

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

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-FEB-21

SAMUEL, MICHAEL, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942

Effective as of 01-MAR-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-SEP-22

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

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

C1. Lista de proveedores de la red Médico de atención especializada

CENTER DR STE 551
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-SEP-20

VINH, JOHN, OD†

Provider ID: N/A
5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-JAN-21

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

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

OTOLARYNGOLOGY

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-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-DEC-15

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

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

MOLES, JEREMIAH, MD†

Provider ID: N/A
5565 GROSSMONT
CENTER DR BLDG 3 STE 101


**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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-SEP-22


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


MOSHTAGHI, OMID, MD

Provider ID: N/A
 5565 GROSSMONT
 CENTER DR
 LA MESA, CA 91942
 Effective as of 01-JAN-24


PATSIAS, ALEXIS, MD†

Provider ID: N/A
 5565 GROSSMONT
 CENTER DR STE 101
 LA MESA, CA 91942
 Effective as of 01-JUN-20


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

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-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-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-APR-21

SAEZ, NEIL, MD

Provider ID: N/A
 5565 GROSSMONT
 CENTER DR STE 3
 LA MESA, CA 91942
 Effective as of 01-NOV-23

SAEZ, NEIL, MD

Provider ID: N/A
 5565 GROSSMONT
 CENTER DR
 LA MESA, CA 91942

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-JAN-24

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

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 3
LA MESA, CA 91942

Effective as of 01-JAN-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

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. Lista de proveedores de la red
Médico de atención especializada**

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-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

NGUYEN, HAN, DPM

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 510
LA MESA, CA 91942

Effective as of 01-DEC-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

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

C1. Lista de proveedores de la red Médico de atención especializada

 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

C1. Lista de proveedores de la red Médico de atención especializada

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-AUG-23

SAHATDJIAN, EVA, PT

Provider ID: N/A
8388 PARKWAY DR
LA MESA, CA 91942
Effective as of 01-DEC-21

THOMAS, KAITLIN, PT

Provider ID: N/A
8388 PARKWAY DR
LA MESA, CA 91942

Effective as of 01-NOV-23

RHEUMATOLOGY

KOTHA, AKTHER, MD†

Provider ID: N/A
8860 CENTER DR STE 400
LA MESA, CA 91942
Effective as of 01-SEP-15

KOTHA, ROSHAN, MD†

Provider ID: N/A
8860 CENTER DR STE 400
LA MESA, CA 91942
Effective as of 01-AUG-20

KOTHA, AKTHER, MD†

Provider ID: N/A
8860 CENTER DR STE 400
LA MESA, CA 91942
Effective as of 01-DEC-23

KOTHA, AKTHER, MD†

Provider ID: N/A
8860 CENTER DR STE 400
LA MESA, CA 91942
Effective as of 01-JAN-21

KOTHA, ROSHAN, MD†

Provider ID: N/A
8860 CENTER DR STE 400
LA MESA, CA 91942
Effective as of 01-JAN-21

SURGERY GENERAL

DICKINSON, PHILLIP, MD†

Provider ID: N/A
8554 LA MESA BLVD
LA MESA, CA 91942
Effective as of 01-JAN-14

DICKINSON, PHILLIP, MD†

Provider ID: N/A
8554 LA MESA BLVD

LA MESA, CA 91942
Effective as of 01-JAN-24

DICKINSON, PHILLIP, MD†

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†

Provider ID: N/A
8851 CENTER DR STE 601
LA MESA, CA 91942
Effective as of 01-JAN-21

SURGERY

NEUROLOGICAL

KURESHI, SOHAIB, MD†

Provider ID: N/A
5565 GROSSMONT
CENTER DR STE 210
LA MESA, CA 91942
Effective as of 01-JAN-21

OSTRUP, RICHARD, MD†

Provider ID: N/A
5565 GROSSMONT
CENTER DR STE 210
LA MESA, CA 91942
Effective as of 01-JAN-21

OSTRUP, RICHARD, MD†

Provider ID: N/A
5565 GROSSMONT
CENTER DR STE 210
LA MESA, CA 91942

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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

RICKARDS, ENASS, MD†

Provider ID: N/A

8851 CENTER DR STE 601
LA MESA, CA 91942

Effective as of 01-APR-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-SEP-22

RICKARDS, ENASS, MD†

Provider ID: N/A

8851 CENTER DR STE 601
LA MESA, CA 91942

Effective as of 01-JUL-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-DEC-22

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

JUMA, SAAD, MD

C1. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red
Médico de atención especializada**

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

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-MAY-22

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-JAN-21

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

WERTMAN, BRETT, MD

Provider ID: N/A

333 CORPORATE DR STE 100
LADERA RANCH, CA 92694
Effective as of 01-JAN-16

WERTMAN, BRETT, MD

Provider ID: N/A

333 CORPORATE DR STE 100
LADERA RANCH, CA 92694
Effective as of 01-DEC-15

NEUROLOGY

PENG, YING, MD†

Provider ID: N/A

333 CORPORATE DR STE 110
LADERA RANCH, CA 92694

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-NOV-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-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

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

C1. Lista de proveedores de la red Médico de atención especializada

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. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-18

CHANG, STEVEN, MD

Provider ID: N/A
☒ 31862 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-SEP-13

COCCIA, MICHAEL, MD

Provider ID: N/A
☒ 31862 COAST HWY STE 201
LAGUNA BEACH, CA 92651

Effective as of 01-APR-12

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-JAN-18

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-SEP-10

ABDOLLAHI, KARIM, MD

Provider ID: N/A
☒ 31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-NOV-14

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-SEP-10

GILLMAN, MICHAEL, MD

Provider ID: N/A
☒ 31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-NOV-14

ALLERGY IMMUNOLOGY

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

C1. Lista de proveedores de la red Médico de atención especializada

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-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-AUG-17

LIAO, OTTO, MD†

Provider ID: N/A

25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-22

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

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-MAR-24

ALSHARIF, KAIS, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 120

LAGUNA HILLS, CA 92653

Effective as of 01-NOV-18

GERAYLI, AFSHIN, MD†

Provider ID: N/A

24953 PASEO DE
VALENCIA STE 5A

LAGUNA HILLS, CA 92653

Effective as of 01-OCT-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. Lista de proveedores de la red
Médico de atención especializada

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

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-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-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-JUL-19

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. Lista de proveedores de la red
Médico de atención especializada**

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

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-OCT-23

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-JAN-23

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-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

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-JUL-20

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-22

AUDIOLOGIST

NIAVARANY, PIRAYEH, AuD

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

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

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. Lista de proveedores de la red
Médico de atención especializada**

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-FEB-19

DRURY, PAUL, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

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-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-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-AUG-17

KONUGRES, GEORGE, DO†

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

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-FEB-23

LE, DAN, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

Effective as of 01-DEC-21

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-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

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

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-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-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. Lista de proveedores de la red
Médico de atención especializada**

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. Lista de proveedores de la red
Médico de atención especializada**

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-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

GABEL, CHRISTINA, 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

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-SEP-19

MCHONE, PATRICIA, DC†

Provider ID: N/A

24741 ALICIA PKWY STE D
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

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-FEB-19

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JAN-18

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-JUN-19

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-23

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

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-JUN-19

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. Lista de proveedores de la red
Médico de atención especializada**

102
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

FARJOUDI, FARHAD, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-22

FARJOUDI, FARHAD, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-22

FARJOUDI, FARHAD, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-22

FARJOUDI, FARHAD, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 106
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-22

FARJOUDI, 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-OCT-23

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

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-JAN-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

LAGUNA HILLS, CA 92653 Effective as of 01-MAR-23	 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-OCT-23	Effective as of 01-OCT-23
MARKMAN, LISA, MD Provider ID: N/A		TRAN, NEIL, MD Provider ID: N/A
 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-23	MEHTA, SHILPA, MD† Provider ID: N/A	 24321 AVENIDA DE LA CARLOTA LAGUNA HILLS, CA 92653 Effective as of 01-FEB-23
MEHTA, SHILPA, MD† Provider ID: N/A	 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-JAN-23	ENDOCRINOLOGY REPRODUCTIVE
 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-NOV-19	MEHTA, SHILPA, MD† Provider ID: N/A	FREDERICK, JANE, MD† Provider ID: N/A
MEHTA, SHILPA, MD† Provider ID: N/A	 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-JUN-19	 23961 CALLE DE LA MAGDALENA STE 503 LAGUNA HILLS, CA 92653* Effective as of 01-JUN-19
 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-NOV-19	MEHTA, SHILPA, MD† Provider ID: N/A	FREDERICK, JANE, MD† Provider ID: N/A
MEHTA, SHILPA, MD† Provider ID: N/A	 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-JUN-19	 23961 CALLE DE LA MAGDALENA STE 541 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-13
 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-NOV-19	MEHTA, SHILPA, MD† Provider ID: N/A	FREDERICK, JANE, MD† Provider ID: N/A
MEHTA, SHILPA, MD† Provider ID: N/A	 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-OCT-22	 23961 CALLE DE LA MAGDALENA STE 541 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-13
 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-NOV-19	POURBABAK, SAM, MD Provider ID: N/A	FAMILY PRACTICE
MEHTA, SHILPA, MD† Provider ID: N/A	 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice	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. Lista de proveedores de la red
Médico de atención especializada**

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. Lista de proveedores de la red
Médico de atención especializada**

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 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

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

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. Lista de proveedores de la red Médico de atención especializada

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, DEEPJOT, 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-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-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-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

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[†]
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[†]
Provider ID: N/A

23141 MOULTON PKWY STE
108
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-22

SOONG, YEN-HUI, MD[†]
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[†]
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-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[†]
Provider ID: N/A

24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

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-JAN-18

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-FEB-23

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-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

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

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. Lista de proveedores de la red Médico de atención especializada

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-NOV-11

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-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-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 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

**C1. Lista de proveedores de la red
Médico de atención especializada**

Effective as of 01-FEB-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-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-JUL-04

BUSH, MELISSA, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 260
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-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-FEB-23

CHAU, CINDY, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 300
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

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-JAN-23

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

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-FEB-23

MILLS, MARLIN, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 540
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

C1. Lista de proveedores de la red Médico de atención especializada

MILLS, MARLIN, MD[†]

Provider ID: N/A

📍 24411 HEALTH CENTER DR
STE 540
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

MILLS, MARLIN, MD[†]

Provider ID: N/A

📍 24411 HEALTH CENTER DR
STE 540
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

SHRIVASTAVA, VINEET, MD[†]

Provider ID: N/A

📍 24411 HEALTH CENTER DR
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-23

SHRIVASTAVA, VINEET, MD[†]

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[†]

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[†]

Provider ID: N/A

📍 24411 HEALTH CENTER DR
STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

MASAKI, DAMON, MD[†]

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

📍 24411 HEALTH CENTER DR
STE 620
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MANSOURY, HADI, MD

Provider ID: N/A

📍 23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-24

NEUROLOGY

BANDARI, DANIEL, MD[†]

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[†]

Provider ID: N/A

📍 24012 CALLE DE LA PLATA
STE 150
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

LOC, KIET, MD[†]

Provider ID: N/A

📍 24012 CALLE DE LA PLATA
STE 150
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-17

LOC, KIET, MD[†]

Provider ID: N/A

📍 24012 CALLE DE LA PLATA
STE 150
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

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[†]

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-18

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

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-APR-20

CHUNG, LINDA, MD†

Provider ID: N/A

☐ 24411 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

COUGH, HEIDI, MD

Provider ID: N/A

☐ 24411 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

C1. Lista de proveedores de la red Médico de atención especializada

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

DEJBAKSH, 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-21

LAM, KIM, MD

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

<p>☒ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p> <p>LEE, KATHERINE, MD Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-21</p> <p>LEE, KATHERINE, MD Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p>LO, PATRICIA, MD Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-21</p> <p>LOPEZ, RACHAEL, MD† Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 640 LAGUNA HILLS, CA 92653 Effective as of 01-APR-11</p> <p>LOPEZ, RACHAEL, MD† Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 640 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-20</p> <p>LOPEZ, RACHAEL, MD† Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 640 LAGUNA HILLS, CA 92653</p>	<p>Effective as of 01-MAY-12</p> <p>LOPEZ, RACHAEL, MD† Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 640 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-20</p> <p>LOPEZ, RACHAEL, MD† Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 640 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-22</p> <p>MASAKI, DAMON, MD† Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR LAGUNA HILLS, CA 92653 Effective as of 01-APR-19</p> <p>MASAKI, DAMON, MD† Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-22</p> <p>MASAKI, DAMON, MD† Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-22</p> <p>MENDELSON, SUSAN, MD Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-21</p> <p>MENDELSON, SUSAN, MD Provider ID: N/A</p>	<p>☒ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p> <p>MENDELSON, SUSAN, MD Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-23</p> <p>MILLER, JAMIE, MD Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-23</p> <p>O TOOLE, MARY, MD Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-21</p> <p>O TOOLE, MARY, MD Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p> <p>PATEL, MITA, MD Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 200 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-19</p> <p>PETERS, AMY, DO† Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 640 LAGUNA HILLS, CA 92653</p>
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**C1. Lista de proveedores de la red
Médico de atención especializada**

Effective as of 01-FEB-20

PETERS, AMY, DO

Provider ID: N/A

24411 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

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†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-APR-11

STERNFELD, DANIEL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

STERNFELD, DANIEL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-12

STERNFELD, DANIEL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-20

TANAMAI, VAYA, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-21

TANAMAI, VAYA, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-19

TANAMAI, VAYA, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-20

TANAMAI, VAYA, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

TANAMAI, VAYA, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

TANAMAI, VAYA, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

TANAMAI, VAYA, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640

LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

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†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

YU, MIAO, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

YU, MIAO, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-20

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-22

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

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

23961 CALLE DE LA
MAGDALENA STE 300

LAGUNA HILLS, CA 92653
Effective as of 01-OCT-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

**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 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

**C1. Lista de proveedores de la red
Médico de atención especializada**

LAGUNA HILLS, CA 92653
Effective as of 01-SEP-18

EIFRIG, CHARLES WILLIAM, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 207

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-OCT-23

EIFRIG, CHARLES WILLIAM, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 207

LAGUNA HILLS, CA 92653

Effective as of 01-DEC-20

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-APR-23

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-SEP-22

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-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

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

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-OCT-23

HENRICK, ANDREW, MD

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 305
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

HENRICK, ANDREW, MD

Provider ID: N/A

24022 CALLE DE LA PLATA

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

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-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-APR-23

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

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-JAN-18

HWANG, JOHN, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 207
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-16

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-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

JOSON, PETER, MD

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 309
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-17

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-JUL-22

KELLER, CHARLES, MD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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-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

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-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, EDWARD, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-22

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, EDWARD, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

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, ESTHER, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 745
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

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. Lista de proveedores de la red
Médico de atención especializada**

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

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
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
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-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-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

PERRY, ANGELA, MD

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

PERRY, ANGELA, MD

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-SEP-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-JAN-18

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-JUL-14

PRENDIVILLE, PAUL, MD

Provider ID: N/A

24022 CALLE DE LA PLATA
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-14

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

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-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

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-OCT-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

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

SALEHI-HAD, HANI, MD†

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

<p>📄 23521 PASEO DE VALENCIA STE 309 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-21</p> <p>SALEHI-HAD, HANI, MD† Provider ID: N/A</p> <p>📄 23521 PASEO DE VALENCIA STE 309 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-21</p> <p>SALEHI-HAD, HANI, MD† Provider ID: N/A</p> <p>📄 23521 PASEO DE VALENCIA STE 309 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-21</p> <p>SALIB, GEORGE, MD† Provider ID: N/A</p> <p>📄 24422 AVENIDA DE LA CARLOTA STE 110 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-21</p> <p>SALIB, GEORGE, MD† Provider ID: N/A</p> <p>📄 24422 AVENIDA DE LA CARLOTA STE 110 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-20</p> <p>SALIB, GEORGE, MD† Provider ID: N/A</p> <p>📄 24422 AVENIDA DE LA CARLOTA STE 110 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-18</p> <p>SPANGGORD, HOLLY, MD† Provider ID: N/A</p> <p>📄 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653</p>	<p>Effective as of 01-NOV-14</p> <p>SPANGGORD, HOLLY, MD† Provider ID: N/A</p> <p>📄 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-OCT-23</p> <p>SPANGGORD, HOLLY, MD† Provider ID: N/A</p> <p>📄 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-JAN-18</p> <p>SPANGGORD, HOLLY, MD† Provider ID: N/A</p> <p>📄 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-JAN-19</p> <p>SPANGGORD, HOLLY, MD† Provider ID: N/A</p> <p>📄 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-DEC-14</p> <p>TAYANI, RAMIN, MD Provider ID: N/A</p> <p>📄 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-MAR-23</p> <p>TEYMOORIAN, SAVAK, MD† Provider ID: N/A</p> <p>📄 24401 CALLE DE LA LOUISA LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-NOV-14</p> <p>TEYMOORIAN, SAVAK, MD† Provider ID: N/A</p>	<p>📄 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p>TEYMOORIAN, SAVAK, MD† Provider ID: N/A</p> <p>📄 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-22</p> <p>TEYMOORIAN, SAVAK, MD† Provider ID: N/A</p> <p>📄 24401 CALLE DE LA LOUISA LAGUNA HILLS, CA 92653 Effective as of 01-DEC-14</p> <p>TEYMOORIAN, SAVAK, MD† Provider ID: N/A</p> <p>📄 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-APR-23</p> <p>TEYMOORIAN, SAVAK, MD† Provider ID: N/A</p> <p>📄 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-23</p> <p>TOMPKINS, BRETT, DO Provider ID: N/A</p> <p>📄 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-DEC-23</p> <p>TOMPKINS, BRETT, DO Provider ID: N/A</p> <p>📄 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-DEC-23</p>
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C1. Lista de proveedores de la red Médico de atención especializada

TOMPKINS, BRETT, DO

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-24

WANG, YE, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-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-APR-23

WANG, YE, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-22

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

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

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

23521 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-05

YOU, TIMOTHY, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 475
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

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

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†

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

<p>☐ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-APR-23</p> <p>GRATTAN, ANNE, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-22</p> <p>GRATTAN, ANNE, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-22</p> <p>GRATTAN, ANNE, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-22</p> <p>GRATTAN, ANNE, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-22</p> <p>GRATTAN, ANNE, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-23</p> <p>GRATTAN, ANNE, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-23</p> <p>HUYNH, ANTHONY, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653</p>	<p>Effective as of 01-FEB-23</p> <p>HUYNH, ANTHONY, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-23</p> <p>HUYNH, ANTHONY, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA LAGUNA HILLS, CA 92653 Effective as of 01-JUN-23</p> <p>HUYNH, ANTHONY, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p>HUYNH, ANTHONY, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p>HUYNH, ANTHONY, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p>HUYNH, ANTHONY, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p>LEI, SHARON, OD Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 325 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-21</p> <p>LEIGHT, TERRA, OD† Provider ID: N/A</p>	<p>☐ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p>LEIGHT, TERRA, OD† Provider ID: N/A</p> <p>☐ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-AUG-22</p> <p>LEUNG, CHRISTINA, OD† Provider ID: N/A</p> <p>☐ 25260 LA PAZ RD STE G LAGUNA HILLS, CA 92653 Effective as of 01-JAN-16</p> <p>MONTANA-COLLINS, CLAUDIA, OD† Provider ID: N/A</p> <p>☐ 23961 CALLE DE LA MAGDALENA STE 412 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p> <p>NG, REBECCA, OD Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-23</p> <p>PHAN, MIMI, OD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-21</p> <p>PLECHOT, ERIQ, OD Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653</p>
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**C1. Lista de proveedores de la red
Médico de atención especializada**

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-OCT-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-APR-23

TERADA, SEIJU, OD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653

Effective as of 01-APR-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-OCT-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-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-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-JAN-13

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

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
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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-OCT-22

CHO, MICHAEL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 370
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

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, 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-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

C1. Lista de proveedores de la red Médico de atención especializada

SUN, JOHN, MD†

Provider ID: N/A

☒ 24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

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-14

SUN, JOHN, MD†

Provider ID: N/A

☒ 24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-14

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-MAY-12

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-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, 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-FEB-16

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

YIAN, CHRISTOPHER, MD†

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JAN-21

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-JAN-14

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-18

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-NOV-14

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-OCT-22

YIAN, CHRISTOPHER, MD†
Provider ID: N/A

24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

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
MEDICINE**

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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-MAR-21

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-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

24401 HEALTH CENTER DR
STE 200

**C1. Lista de proveedores de la red
Médico de atención especializada**

LAGUNA HILLS, CA 92653
Effective as of 01-DEC-23

BYNON, KRISTEN, PA

Provider ID: N/A

24401 HEALTH CENTER DR
STE 200

LAGUNA HILLS, CA 92653
Effective as of 01-DEC-23

BYNON, KRISTEN, PA

Provider ID: N/A

24401 HEALTH CENTER DR
STE 200

LAGUNA HILLS, CA 92653
Effective as of 01-DEC-23

BYNON, KRISTEN, PA

Provider ID: N/A

24401 HEALTH CENTER DR
STE 200

LAGUNA HILLS, CA 92653
Effective as of 01-DEC-23

CARDENAS, RICARDO, PA†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 250

LAGUNA HILLS, CA 92653
Effective as of 01-NOV-22

CARDENAS, RICARDO, PA†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 250

LAGUNA HILLS, CA 92653
Effective as of 01-NOV-22

CARR, OLIVIA, PA

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-APR-24

CARR, OLIVIA, PA

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-APR-24

CARR, OLIVIA, PA

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-APR-24

DINH, Y NHA THI, PA†

Provider ID: N/A

23181 VERDUGO DR STE
103A
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-15

KIM, MOSES, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

KISCADEN, LAUREN, PA

Provider ID: N/A

24411 HEALTH CENTER DR
STE 208
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

KISCADEN, LAUREN, PA

Provider ID: N/A

24411 HEALTH CENTER DR
STE 208
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

NAGEL, IRENE, PA†

Provider ID: N/A

24411 HEALTH CENTER DR

STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-19

OWEN, LISA, PA

Provider ID: N/A

23181 VERDUGO DR STE
103A
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

PALMER, VIVIENNE, PA

Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-24

PALMER, VIVIENNE, PA

Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-24

PALMER, VIVIENNE, PA

Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-24

PALMER, VIVIENNE, PA

Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-24

PETERMAN, KYLIE, PA

Provider ID: N/A

23181 VERDUGO DR STE
103A
LAGUNA HILLS, CA 92653*
Effective as of 01-APR-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JUN-20

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-NOV-19

GOLSHAHI, BAHAR, DPM†

Provider ID: N/A

23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-19

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 STE 135
LAGUNA HILLS, CA 92653

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JUL-16

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-NOV-19

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-JUN-23

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

CHANG, WILLIAM, DO[†]

Provider ID: N/A

23141 MOULTON PKWY STE 108
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-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-AUG-23

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-MAY-22

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

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

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-MAY-12

KADIFA, FADY, MD[†]

Provider ID: N/A

24411 HEALTH CENTER DR STE 560
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-17

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-JAN-18

KADIFA, FADY, MD[†]

Provider ID: N/A

24411 HEALTH CENTER DR STE 560
LAGUNA HILLS, CA 92653
Effective as of 01-APR-11

KOHLI, SANJIVAN, MD[†]

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

<p>23141 MOULTON PKWY STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-23</p> <p>KOHLI, SANJIVAN, MD† Provider ID: N/A</p> <p>23141 MOULTON PKWY STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-22</p> <p>KOHLI, SANJIVAN, MD† Provider ID: N/A</p> <p>23141 MOULTON PKWY STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-22</p> <p>SHAHINIAN, GEORGE, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 620 LAGUNA HILLS, CA 92653 Effective as of 01-APR-23</p> <p>SINGH, SAMARJIT, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-19</p> <p>SINGH, SAMARJIT, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-22</p> <p>SINGH, SAMARJIT, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</p>	<p>Effective as of 01-OCT-22</p> <p>SINGH, SAMARJIT, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-OCT-23</p> <p>SOONG, YEN-HUI, MD† Provider ID: N/A</p> <p>23141 MOULTON PKWY STE 108 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-NOV-22</p> <p>VO, BRYAN, MD Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-DEC-18</p> <p>VO, BRYAN, MD Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-DEC-18</p> <p>VO, BRYAN, MD Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-JAN-18</p> <p>VO, BRYAN, MD Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-SEP-12</p> <p>VO, BRYAN, MD</p>	<p>Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p>VO, BRYAN, MD Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p>VO, BRYAN, MD Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p>VOVAN, THOMAS, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-22</p> <p>VOVAN, THOMAS, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p>VOVAN, THOMAS, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p>VOVAN, THOMAS, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 560 LAGUNA HILLS, CA 92653</p>
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C1. Lista de proveedores de la red Médico de atención especializada

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-18

RADIATION ONCOLOGY

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

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

HARSOLIA, ASIF, MD†

Provider ID: N/A

24302 PASEO DE
VALENCIA

LAGUNA HILLS, CA 92653
Effective as of 01-FEB-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

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-AUG-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-FEB-23

RHEUMATOLOGY

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

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

📄 25411 CABOT RD STE 112
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-18

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-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

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-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

KOOKOOTSEDES, GAYLE, MD

Provider ID: N/A

📄 25411 CABOT RD STE 112
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-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-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-APR-24

SURGERY COLON SURGERY

BRADY, MATTHEW, MD†

Provider ID: N/A

📄 24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-21

C1. Lista de proveedores de la red Médico de atención especializada

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 417
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-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

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-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

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

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
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

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

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

RAHNEMA, CYRUS, MD

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-OCT-23

ROBERTSON, ELSIE, MD
Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-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-SEP-22

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-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

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653

C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-23

WALLACE, WILLIAM, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-12

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-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-NOV-12

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-JUL-20

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

SURGERY GENERAL VASCULAR

DEARING, DAVID, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-18

DEARING, DAVID, MD†

**C1. Lista de proveedores de la red
Médico de atención especializada**

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
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

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-23

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-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

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-FEB-16

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-FEB-16

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-OCT-23

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-OCT-22

***SURGERY HAND
ORTHOPEDIC***

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

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-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-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

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-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 504
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-21

LIAUW, JASON, MD

Provider ID: N/A

CI. Lista de proveedores de la red Médico de atención especializada

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-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-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-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-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-SEP-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-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

ALTSHULER, JEFFREY, MD†

Provider ID: N/A

24411 HEALTH CENTER DR

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-NOV-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-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

HARGROVE, RACHEL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-22

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-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

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-APR-16

POWELL, LEDFORD, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 630
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-20

POWELL, LEDFORD, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 630
LAGUNA HILLS, CA 92653

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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-DEC-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

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

UROLOGY

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

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-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†

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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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-OCT-23

ELKHOURY, FUAD, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

GRUENENFELDER, JENNIFER, MD

Provider ID: N/A


23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

C1. Lista de proveedores de la red Médico de atención especializada


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-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


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-JAN-21


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-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-21

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


**C1. Lista de proveedores de la red
Médico de atención especializada**

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23


KIM, MOSES, MD†
Provider ID: N/A

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-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-OCT-23


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

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-JAN-21


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-JAN-23


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-FEB-20


NAKAMURA, LEAH, MD†
Provider ID: N/A

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

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

C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-23

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
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

SINGH, KARAN, MD†


C1. Lista de proveedores de la red Médico de atención especializada

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-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


SINGH, KARAN, 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-OCT-23


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-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

 25200 LA PAZ RD STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18


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†

C1. Lista de proveedores de la red Médico de atención especializada

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
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-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

☒ 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

☒ 25200 LA PAZ RD STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

SU, DANIEL, 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-OCT-23

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JAN-21

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-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-OCT-23

KLEIN, LORRIE, MD†

Provider ID: N/A

30201 GOLDEN LANTERN
STE B
LAGUNA NIGUEL, CA 92677
Effective as of 01-SEP-19

KLEIN, LORRIE, MD†

Provider ID: N/A

30201 GOLDEN LANTERN
STE B
LAGUNA NIGUEL, CA 92677
Effective as of 01-SEP-19

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-JUL-21

**C1. Lista de proveedores de la red
Médico de atención especializada**

KLEIN, LORRIE, MD†

Provider ID: N/A

30201 GOLDEN LANTERN
STE B
LAGUNA NIGUEL, CA 92677
Effective as of 01-JUL-21

LANDER, JEFFREY, MD†

Provider ID: N/A

30201 GOLDEN LANTERN
STE B
LAGUNA NIGUEL, CA 92677
Effective as of 01-JAN-23

LANDER, JEFFREY, MD†

Provider ID: N/A

30201 GOLDEN LANTERN
STE B
LAGUNA NIGUEL, CA 92677
Effective as of 01-OCT-23

LANDER, JEFFREY, MD†

Provider ID: N/A

30201 GOLDEN LANTERN
STE B
LAGUNA NIGUEL, CA 92677
Effective as of 01-OCT-22

LEDON, JENNIFER, MD†

Provider ID: N/A

30201 GOLDEN LANTERN
STE B
LAGUNA NIGUEL, CA 92677
Effective as of 01-MAY-23

LEDON, JENNIFER, MD†

Provider ID: N/A

30201 GOLDEN LANTERN
STE B
LAGUNA NIGUEL, CA 92677
Effective as of 01-MAY-23

LEDON, JENNIFER, MD†

Provider ID: N/A

30201 GOLDEN LANTERN
STE B
LAGUNA NIGUEL, CA 92677
Effective as of 01-OCT-23

LEDON, JENNIFER, MD†

Provider ID: N/A

30201 GOLDEN LANTERN
STE B
LAGUNA NIGUEL, CA 92677
Effective as of 01-JUL-23

NAMI, NAVID, DO†

Provider ID: N/A

30281 GOLDEN LANTERN
LAGUNA NIGUEL, CA 92677
Effective as of 01-MAR-22

**ENDOCRINOLOGY
METABOLISM DIABETES**

NEMATI, MARYAM, MD

Provider ID: N/A

30281 GOLDEN LANTERN
LAGUNA NIGUEL, CA 92677
Effective as of 01-SEP-23

GASTROENTEROLOGY

ARGUELLO, JUAN, MD

Provider ID: N/A

30131 TOWN CENTER DR
STE 215
LAGUNA NIGUEL, CA 92677
Effective as of 01-NOV-17

ARGUELLO, JUAN, MD

Provider ID: N/A

30131 TOWN CENTER DR
STE 215
LAGUNA NIGUEL, CA 92677
Effective as of 01-NOV-17

GENERAL PRACTICE

PATEL, JYOTINKUMAR, MD†

Provider ID: N/A

30281 GOLDEN LANTERN
LAGUNA NIGUEL, CA 92677
Effective as of 01-SEP-22

**HEMATOLOGY /
ONCOLOGY**

WAGNER, EDWARD, MD

Provider ID: N/A

25500 RANCHO NIGUEL
RD STE 240
LAGUNA NIGUEL, CA 92677
Effective as of 01-NOV-21

INTERNAL MEDICINE

SHAHIM, ZAHRA, MD

Provider ID: N/A

32341 GOLDEN LANTERN
STE D
LAGUNA NIGUEL, CA 92677
Effective as of 01-NOV-23

MEDICAL ONCOLOGY

WAGNER, EDWARD, MD

Provider ID: N/A

25500 RANCHO NIGUEL
RD STE 240
LAGUNA NIGUEL, CA 92677
Effective as of 01-OCT-12

NEUROLOGY CHILD

GARFINKLE, REBECCA, DO

Provider ID: N/A

30131 TOWN CENTER DR
STE 245
LAGUNA NIGUEL, CA 92677
Effective as of 01-NOV-14


















GARFINKLE, REBECCA, DO

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

<p>30131 TOWN CENTER DR STE 245 LAGUNA NIGUEL, CA 92677 Effective as of 01-MAY-14</p> <p>MCINTOSH, ANDREW, MD† Provider ID: N/A</p> <p>30131 TOWN CENTER DR STE 195 LAGUNA NIGUEL, CA 92677 Effective as of 01-NOV-13</p> <p>MCINTOSH, ANDREW, MD† Provider ID: N/A</p> <p>30131 TOWN CENTER DR STE 195 LAGUNA NIGUEL, CA 92677 Effective as of 01-MAR-21</p> <p>MCINTOSH, ANDREW, MD† Provider ID: N/A</p> <p>30131 TOWN CENTER DR STE 195 LAGUNA NIGUEL, CA 92677 Effective as of 01-JAN-21</p> <p>MCINTOSH, ANDREW, MD† Provider ID: N/A</p> <p>30131 TOWN CENTER DR STE 195 LAGUNA NIGUEL, CA 92677 Effective as of 01-NOV-14</p> <p>PRZEKLASA AUTH, MELISSA, MD† Provider ID: N/A</p> <p>30131 TOWN CENTER DR STE 237 LAGUNA NIGUEL, CA 92677 Effective as of 01-SEP-19</p> <p>PRZEKLASA AUTH, MELISSA, MD† Provider ID: N/A</p> <p>30131 TOWN CENTER DR</p>	<p>STE 237 LAGUNA NIGUEL, CA 92677 Effective as of 01-SEP-19</p> <p>PEDIATRIC ALLERGY / IMMUNOLOGY</p> <p>DYER, MARC, MD Provider ID: N/A</p> <p>30131 TOWN CENTER DR STE 120 LAGUNA NIGUEL, CA 92677 Effective as of 01-JAN-21</p> <p>PODIATRIST</p> <p>COX, MATTHEW, DPM Provider ID: N/A</p> <p>30001 TOWN CENTER DR STE E2 LAGUNA NIGUEL, CA 92677 Effective as of 01-JAN-18</p> <p>PSYCHOLOGIST</p> <p>ENGELMAN, SUZANNE, PhD Provider ID: N/A</p> <p>30131 TOWN CENTER DR STE 268 LAGUNA NIGUEL, CA 92677 Effective as of 01-MAR-15</p> <p>ENGELMAN, SUZANNE, PhD Provider ID: N/A</p> <p>30131 TOWN CENTER DR STE 268 LAGUNA NIGUEL, CA 92677 Effective as of 01-MAR-15</p> <p>ENGELMAN, SUZANNE, PhD Provider ID: N/A</p> <p>30100 CROWN VALLEY PKWY STE 17C LAGUNA NIGUEL, CA 92677 Effective as of 01-OCT-23</p> <p>ENGELMAN, SUZANNE, PhD Provider ID: N/A</p> <p>30100 CROWN VALLEY PKWY STE 17C LAGUNA NIGUEL, CA 92677 Effective as of 01-OCT-23</p> <p>FAMILY PRACTICE SPORTS MEDICINE</p> <p>GRAHAM, SCOTT, MD† Provider ID: N/A</p> <p>24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-FEB-22</p>	<p>ENGELMAN, SUZANNE, PhD Provider ID: N/A</p> <p>30100 CROWN VALLEY PKWY STE 17C LAGUNA NIGUEL, CA 92677 Effective as of 01-OCT-23</p> <p>ENGELMAN, SUZANNE, PhD Provider ID: N/A</p> <p>30131 TOWN CENTER DR STE 268 LAGUNA NIGUEL, CA 92677 Effective as of 01-MAR-15</p> <p>ENGELMAN, SUZANNE, PhD Provider ID: N/A</p> <p>30131 TOWN CENTER DR STE 268 LAGUNA NIGUEL, CA 92677 Effective as of 01-MAR-15</p> <p>ENGELMAN, SUZANNE, PhD Provider ID: N/A</p> <p>30100 CROWN VALLEY PKWY STE 17C LAGUNA NIGUEL, CA 92677 Effective as of 01-OCT-23</p> <p>ENGELMAN, SUZANNE, PhD Provider ID: N/A</p> <p>30100 CROWN VALLEY PKWY STE 17C LAGUNA NIGUEL, CA 92677 Effective as of 01-OCT-23</p>
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**C1. Lista de proveedores de la red
Médico de atención especializada**

<p>VENEZIANO, CHRISTOPHER, MD† Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-FEB-23</p>	<p>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</p>	<p>LAGUNA WOODS, CA 92637 Effective as of 01-FEB-23 PARK, JOSEPH, PT Provider ID: N/A  24361 EL TORO RD STE 140 LAGUNA WOODS, CA 92637 Effective as of 01-OCT-23</p>
<p>VENEZIANO, CHRISTOPHER, MD† Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-OCT-23</p>	<p>BATHAEE, FARSHAD, DPM Provider ID: N/A  24331 EL TORO RD STE 370 LAGUNA WOODS, CA 92637 Effective as of 01-DEC-21</p>	<p><i>SURGERY HAND</i> MOSKOW, LONNIE, MD† Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-OCT-23</p>
<p><i>PHYSICIANS ASSISTANT</i> BOW, LINDA, PA† Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-SEP-23</p>	<p>ROOHIAN, ARSHIA, DPM Provider ID: N/A  24331 EL TORO RD STE 370 LAGUNA WOODS, CA 92637 Effective as of 01-DEC-21</p>	<p>MOSKOW, LONNIE, MD† Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-FEB-23</p>
<p>NGUYEN, TONY, PA† Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-AUG-22</p>	<p>ROOHIAN, ARSHIA, DPM Provider ID: N/A  24331 EL TORO RD STE 370 LAGUNA WOODS, CA 92637 Effective as of 01-JUL-20</p>	<p><i>SURGERY HAND</i> <i>ORTHOPEDIC</i> KIM, ABRAHAM, MD† Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-MAY-22</p>
<p>NGUYEN, TONY, PA† Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-AUG-22</p>	<p><i>REGISTERED PHYSICAL THERAPIST</i> FRESHMAN, JANELLE, PT† Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-OCT-23</p>	<p><i>SURGERY ORTHOPEDIC</i> AMINIAN, ARASH, MD† Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-AUG-11</p>
<p><i>PODIATRIST</i> BATHAEE, FARSHAD, DPM Provider ID: N/A  24331 EL TORO RD STE 370</p>	<p>FRESHMAN, JANELLE, PT† Provider ID: N/A  24331 EL TORO RD STE 200</p>	

**C1. Lista de proveedores de la red
Médico de atención especializada**

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-DEC-14

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-SEP-23

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-OCT-22

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-OCT-22

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-FEB-21

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-NOV-14

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-MAY-12

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-JAN-18

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-FEB-21

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-DEC-21

GRAHAM, SCOTT, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-JAN-18

GRAHAM, SCOTT, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-FEB-21

GRAHAM, SCOTT, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-MAR-22

Effective as of 01-FEB-21

GRAHAM, SCOTT, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-FEB-22

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

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

GRAHAM, SCOTT, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-MAR-22

GRAHAM, SCOTT, MD†

**C1. Lista de proveedores de la red
Médico de atención especializada**

Provider ID: N/A	92637	KADAKIA, NIMISH, MD†
☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	Effective as of 01-DEC-21	Provider ID: N/A
Effective as of 01-FEB-21	JOHNSON, BRYCE, MD†	☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637
GRAHAM, SCOTT, MD†	Provider ID: N/A	Effective as of 01-OCT-22
Provider ID: N/A	☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	KADAKIA, NIMISH, MD†
☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	Effective as of 01-FEB-21	Provider ID: N/A
Effective as of 01-SEP-23	JOHNSON, BRYCE, MD†	☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637
GURBANI, AJAY, MD	Provider ID: N/A	Effective as of 01-DEC-21
Provider ID: N/A	☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	KIM, ABRAHAM, MD†
☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	Effective as of 01-JAN-18	Provider ID: N/A
Effective as of 01-SEP-23	JOHNSON, BRYCE, MD†	☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637
GURBANI, AJAY, MD	Provider ID: N/A	Effective as of 01-JAN-23
Provider ID: N/A	☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	KIM, ABRAHAM, MD†
☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	Effective as of 01-OCT-22	Provider ID: N/A
Effective as of 01-AUG-23	JOHNSON, BRYCE, MD†	☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637
GURBANI, AJAY, MD	Provider ID: N/A	Effective as of 01-JUN-23
Provider ID: N/A	☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	KIM, ABRAHAM, MD†
☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	Effective as of 01-MAR-21	Provider ID: N/A
Effective as of 01-AUG-23	JOHNSON, BRYCE, MD†	☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637
GURBANI, AJAY, MD	Provider ID: N/A	Effective as of 01-JUN-23
Provider ID: N/A	☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	KIM, ABRAHAM, MD†
☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	Effective as of 01-SEP-23	Provider ID: N/A
Effective as of 01-AUG-23	KADAKIA, NIMISH, MD†	☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637
JOHNSON, BRYCE, MD†	Provider ID: N/A	Effective as of 01-JAN-24
Provider ID: N/A	☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	KIM, ABRAHAM, MD†
☐ 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637	Effective as of 01-SEP-23	Provider ID: N/A
		☐ 24331 EL TORO RD STE 200

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

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-AUG-18

KIM, ABRAHAM, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-DEC-18

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-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-DEC-23

MOLHO, DAVID, MD

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JAN-18

MOSKOW, LONNIE, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-MAY-12

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-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

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
LAGUNA WOODS, CA
92637

Effective as of 01-JUL-12

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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-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-OCT-11

**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-AUG-23

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
92637

Effective as of 01-DEC-21


WONG, JEFFREY, MD†

**C1. Lista de proveedores de la red
Médico de atención especializada**

<p>Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-AUG-19</p>	<p>92637 Effective as of 01-FEB-15</p>	<p>LAKE ELSINORE, CA 92532 Effective as of 01-JUN-17</p>
<p>YOUDERIAN, ARI, MD[†] Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-SEP-23</p>	<p>YOUDERIAN, ARI, MD[†] Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-MAR-16</p>	<p>QASQAS, SHADI, MD[†] Provider ID: N/A  31571 CANYON ESTATES DR STE 228 LAKE ELSINORE, CA 92532 Effective as of 01-JUL-21</p>
<p>YOUDERIAN, ARI, MD[†] Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-JAN-18</p>	<p>YOUDERIAN, ARI, MD[†] Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-MAR-16</p>	<p>QASQAS, SHADI, MD[†] Provider ID: N/A  31571 CANYON ESTATES DR STE 228 LAKE ELSINORE, CA 92532 Effective as of 01-JUL-21</p>
<p>YOUDERIAN, ARI, MD[†] Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-FEB-21</p>	<p>YOUDERIAN, ARI, MD[†] Provider ID: N/A  31571 CANYON ESTATES DR STE 228 LAKE ELSINORE, CA 92532 Effective as of 01-MAY-15</p>	<p>QASQAS, SHADI, MD[†] Provider ID: N/A  31571 CANYON ESTATES DR STE 228 LAKE ELSINORE, CA 92532 Effective as of 01-JAN-17</p>
<p>YOUDERIAN, ARI, MD[†] Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-DEC-21</p>	<p>YOUDERIAN, ARI, MD[†] Provider ID: N/A  31571 CANYON ESTATES DR STE 228 LAKE ELSINORE, CA 92532 Effective as of 01-MAY-15</p>	<p>QASQAS, SHADI, MD[†] Provider ID: N/A  31736 MISSION TRL STE G LAKE ELSINORE, CA 92530 Effective as of 01-OCT-23</p>
<p>YOUDERIAN, ARI, MD[†] Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-FEB-15</p>	<p>YOUDERIAN, ARI, MD[†] Provider ID: N/A  31571 CANYON ESTATES DR STE 228 LAKE ELSINORE, CA 92532 Effective as of 01-MAR-21</p>	<p>QASQAS, SHADI, MD[†] Provider ID: N/A  30195 FRASER DR LAKE ELSINORE, CA 92530 Effective as of 01-FEB-24</p>
<p>YOUDERIAN, ARI, MD[†] Provider ID: N/A  24331 EL TORO RD STE 200 LAGUNA WOODS, CA</p>	<p>YOUDERIAN, ARI, MD[†] Provider ID: N/A  31571 CANYON ESTATES DR STE 228</p>	<p>QASQAS, SHADI, MD[†] Provider ID: N/A  30195 FRASER DR LAKE ELSINORE, CA 92530</p>


**CARDIOVASCULAR
DISEASE**

QASQAS, SHADI, MD[†]

Provider ID: N/A
 31571 CANYON ESTATES DR
 STE 228
 LAKE ELSINORE, CA 92532
 Effective as of 01-JAN-17


**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

HERNANDEZ, MARCO, DC

Provider ID: N/A
 30195 FRASER DR
 LAKE ELSINORE, CA 92530

C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-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-NOV-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-DEC-23

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

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

Effective as of 01-JAN-19

NEPHROLOGY

ALTRIKI, MOHAMAD, MD†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-JAN-20

ALTRIKI, MOHAMAD, MD†

Provider ID: N/A

425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-FEB-20

CHANG, DAVID, MD†

Provider ID: N/A

425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-AUG-18

CHANG, DAVID, MD†

Provider ID: N/A

425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-DEC-23

CHANG, DAVID, MD†

Provider ID: N/A

425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-AUG-18

CHANG, DAVID, MD†

Provider ID: N/A

425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530
Effective as of 01-AUG-18

OBSTETRICS / GYNECOLOGY

FRANCIS, LARRY, MD†

Provider ID: N/A

30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-DEC-22

FRANCIS, LARRY, MD†

Provider ID: N/A

30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-DEC-22

FRANCIS, LARRY, MD†

Provider ID: N/A

30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-22

GOMEZ, GUILLERMO, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

GOMEZ, GUILLERMO, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

GOMEZ, GUILLERMO, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

GOMEZ, GUILLERMO, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-21

GOMEZ, GUILLERMO, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-21

GOMEZ, GUILLERMO, MD†

Provider ID: N/A

141 N MAIN ST
LAKE ELSINORE, CA 92530

Effective as of 01-JUL-21

GOMEZ, GUILLERMO, MD†

Provider ID: N/A

141 N MAIN ST
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-21

QADRI, FARNOOSH, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-DEC-22

REY, RODOLFO, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

REY, RODOLFO, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

REY, RODOLFO, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-SEP-23

REY, RODOLFO, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-NOV-22

REY, RODOLFO, MD†

Provider ID: N/A

141 N MAIN ST
LAKE ELSINORE, CA 92530
Effective as of 01-JAN-21

VADAPARAMPIL, JANET, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

VADAPARAMPIL, JANET, MD†

Provider ID: N/A

☐ 31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530
Effective as of 01-APR-24

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
LAKE ELSINORE, CA 92530
Effective as of 01-MAY-17

EDDOW, JIM, PT†

Provider ID: N/A

☐ 425 DIAMOND DR
LAKE ELSINORE, CA 92530
Effective as of 01-MAY-17

EDDOW, JIM, PT†

Provider ID: N/A

☐ 425 DIAMOND DR STE 101

**C1. Lista de proveedores de la red
Médico de atención especializada**

LAKE ELSINORE, CA 92530
Effective as of 01-AUG-20

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†

Provider ID: N/A

📍 24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

BUSTOS, JERROLD, MD†

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†

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†

Provider ID: N/A

📍 23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-NOV-18

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-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-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

C1. Lista de proveedores de la red Médico de atención especializada

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-APR-23


BELL, IRA, MD†

Provider ID: N/A

 23832 ROCKFIELD BLVD
STE 220
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-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 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-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-DEC-18


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-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-NOV-18


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


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

C1. Lista de proveedores de la red Médico de atención especializada

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-DEC-18

MESHKINPOUR, AZIN, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 220
LAKE FOREST, CA 92630

Effective as of 01-DEC-18

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 220
LAKE FOREST, CA 92630

Effective as of 01-DEC-18

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630

Effective as of 01-DEC-18

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 220
LAKE FOREST, CA 92630

Effective as of 01-DEC-18

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630

Effective as of 01-DEC-18

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630

Effective as of 01-DEC-18

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 220

LAKE FOREST, CA 92630

Effective as of 01-DEC-18

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630

Effective as of 01-OCT-18

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630

Effective as of 01-NOV-19

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630

Effective as of 01-NOV-18

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630

Effective as of 01-SEP-22

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

KRISHNAN, PRIYANKA, MD

Provider ID: N/A

23331 EL TORO RD STE 102
LAKE FOREST, CA 92630

Effective as of 01-OCT-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

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†

Provider ID: N/A

26501 RANCHO PKWY S STE 103
LAKE FOREST, CA 92630
Effective as of 01-JAN-23

C1. Lista de proveedores de la red Médico de atención especializada

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-NOV-18

FAZILAT, GOLAREH, MD†

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 150
LAKE FOREST, CA 92630
Effective as of 01-JAN-21

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†

Provider ID: N/A

24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

**C1. Lista de proveedores de la red
Médico de atención especializada**

DE LEON, ROBERT, PA†

Provider ID: N/A

24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

PSYCHIATRY

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-OCT-23

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-DEC-21

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-DEC-21

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-OCT-23

JAKKULA, JAGAN, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-MAR-21

JAKKULA, JAGAN, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131

LAKE FOREST, CA 92630
Effective as of 01-SEP-19

JAKKULA, JAGAN, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-SEP-19

JAKKULA, JAGAN, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-SEP-19

JAKKULA, JAGAN, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-MAR-21

JAKKULA, JAGAN, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-SEP-19

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-OCT-23

C1. Lista de proveedores de la red Médico de atención especializada

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

Provider ID: N/A

22672 LAMBERT ST STE 612
LAKE FOREST, CA 92630
Effective as of 01-JUL-23

MARSDEN, CLAIRE, SP

C1. Lista de proveedores de la red Médico de atención especializada

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-MAR-24

PANG, GARY, MD†

Provider ID: N/A

27990 SHERMAN RD
MENIFEE, CA 92585
Effective as of 01-SEP-19

**C1. Lista de proveedores de la red
Médico de atención especializada**

***ANESTHESIOLOGY PAIN
MANAGEMENT***

CHEN, HAMILTON, MD†

Provider ID: N/A

📄 27990 SHERMAN RD
MENIFEE, CA 92585
Effective as of 01-MAY-21

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

GUIANG, RAINIER, MD†

Provider ID: N/A

📄 27990 SHERMAN RD
MENIFEE, CA 92585
Effective as of 01-MAR-24

GUIANG, RAINIER, MD†

Provider ID: N/A

📄 27990 SHERMAN RD
MENIFEE, CA 92585
Effective as of 01-MAY-21

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
MENIFEE, CA 92586
Effective as of 01-MAR-21

PAULHUS, PATRICIA, NP†

Provider ID: N/A

📄 27851 BRADLEY RD STE 125

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-21

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-AUG-18

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
MENIFEE, CA 92586
Effective as of 01-NOV-23

HAIDER, SHANZAY, MD

Provider ID: N/A

📍 29826 HAUN RD STE 200

C1. Lista de proveedores de la red Médico de atención especializada

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
☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Effective as of 01-JUN-19

CHARLES COWAN, TRICIA, DO†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Effective as of 01-OCT-20

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-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

☒ 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

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

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-MAR-21

LAC, PETER, MD†

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Effective as of 01-NOV-19

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

NAGASUNDER, ARABHI, DO

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Teleservice
Effective as of 01-FEB-24

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
Effective as of 01-JUN-19

NATH, ASHOK, MD†

Provider ID: N/A

☒ 29878 HAUN RD STE 200
MENIFEE, CA 92586

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-23

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-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

URSO, MARY JO, DO†

Provider ID: N/A

29826 HAUN RD STE 200
MENIFEE, CA 92586

Effective as of 01-AUG-20

C1. Lista de proveedores de la red Médico de atención especializada

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-APR-24

LIN, THEODORE, MD†

Provider ID: N/A

29798 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-APR-24

C1. Lista de proveedores de la red Médico de atención especializada

LIN, THEODORE, MD†

Provider ID: N/A

27168 NEWPORT RD STE 4
MENIFEE, CA 92586

Effective as of 01-SEP-17

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-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

BARR, AUSTIN, OD

Provider ID: N/A

29826 HAUN RD STE 100
MENIFEE, CA 92586

Effective as of 01-MAR-23

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

HAMOUIE, JUDY, OD†

Provider ID: N/A

29950 HAUN RD STE 202
MENIFEE, CA 92586

Effective as of 01-JUL-23

C1. Lista de proveedores de la red Médico de atención especializada

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-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-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-MAR-21

BUSTAMANTE, ANGEL, PA†

Provider ID: N/A

📄 29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-AUG-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-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
MENIFEE, CA 92586
Effective as of 01-AUG-20

PERSAUD, PRIA, MD

Provider ID: N/A

📄 26926 CHERRY HILLS

C1. Lista de proveedores de la red Médico de atención especializada

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

29798 HAUN RD STE 201
MENIFEE, CA 92586
Effective as of 01-JAN-22

HARMAN, JACY, PT†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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

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

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

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

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

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

SANCHEZ, EMILY, PT

Provider ID: N/A

30141 ANTELOPE RD STE A
MENIFEE, CA 92584
Effective as of 01-JUN-23

C1. Lista de proveedores de la red Médico de atención especializada

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

📄 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

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, 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-OCT-09

MEHTA, CHANDRAKANT, MD†

Provider ID: N/A

📄 29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-SEP-18

MEHTA, CHANDRAKANT, 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-SEP-18

RAMASWAMY, DHARMARAJAN, MD†

Provider ID: N/A

📄 29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-MAY-21

RAMASWAMY, DHARMARAJAN, 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-MAR-21

TRIVEDI, JANKI, MD†

Provider ID: N/A

📄 29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-AUG-20

TRIVEDI, JANKI, MD†

Provider ID: N/A

📄 29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-SEP-18

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

CHAUDHURI, KALI, MD†

Provider ID: N/A

📄 29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-AUG-21

C1. Lista de proveedores de la red Médico de atención especializada

CHAUDHURI, KALI, MD†

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†

Provider ID: N/A

29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-JUL-23

GANDE, ABHIRAM, MD†

Provider ID: N/A

29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-SEP-22

GANDE, ABHIRAM, MD†

Provider ID: N/A

29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-SEP-22

GANDE, ABHIRAM, MD†

Provider ID: N/A

29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-SEP-22

PANSE, MILIND, MD†

Provider ID: N/A

29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-NOV-18

PANSE, MILIND, MD†

Provider ID: N/A

29826 HAUN RD STE 200

MENIFEE, CA 92586

Effective as of 01-NOV-18

PANSE, MILIND, MD†

Provider ID: N/A

29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-NOV-18

UROLOGY

CRISELL, MONISHA, MD†

Provider ID: N/A

29798 HAUN RD STE 104
MENIFEE, CA 92586*
Effective as of 01-JUL-23

LARSON, BENJAMIN, MD†

Provider ID: N/A

29798 HAUN RD STE 104
MENIFEE, CA 92586
Effective as of 01-JUN-17

LARSON, BENJAMIN, MD†

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†

Provider ID: N/A

29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-OCT-21

NIHIRA, MIKIO, MD†

Provider ID: N/A

29826 HAUN RD STE 200
MENIFEE, CA 92586

Effective as of 01-OCT-21

ALLERGY IMMUNOLOGY

BASEN, TYLER, MD†

Provider ID: N/A

26691 PLAZA STE 170
MISSION VIEJO, CA 92691
Teleservice

Effective as of 01-DEC-20

BASEN, TYLER, MD†

Provider ID: N/A

26691 PLAZA STE 170
MISSION VIEJO, CA 92691
Teleservice

Effective as of 01-DEC-20

BASEN, TYLER, MD†

Provider ID: N/A

26691 PLAZA STE 170
MISSION VIEJO, CA 92691
Teleservice

Effective as of 01-SEP-22

BASEN, TYLER, MD†

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-JUN-08

CARR, WARNER, MD

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691

**C1. Lista de proveedores de la red
Médico de atención especializada**

Effective as of 01-JAN-18

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-SEP-10

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

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-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

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

27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-16

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-JUL-22

MOUSAVI, SHAHRYAR, MD

Provider ID: N/A

📍 25982 PALA STE 280
MISSION VIEJO, CA 92691

Effective as of 01-AUG-20

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†

Provider ID: N/A

📍 26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-SEP-10

HUNG, LYNNE, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691

Effective as of 01-NOV-12

TIONGSON, JAY, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 103
MISSION VIEJO, CA 92691

Effective as of 01-OCT-13

TIONGSON, JAY, MD[†]

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[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691

Effective as of 01-AUG-18

CUA, BENNETT, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691

Effective as of 01-AUG-18

DESAI, ASEEM, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691

Effective as of 01-NOV-05

EUBANY, JACQUELINE, MD[†]

Provider ID: N/A

27525 PUERTA REAL STE
300
MISSION VIEJO, CA 92691

Effective as of 01-OCT-20

EUBANY, JACQUELINE, MD[†]

Provider ID: N/A

27525 PUERTA REAL STE
300
MISSION VIEJO, CA 92691

Effective as of 01-OCT-20

HEPNER, ABSALOM, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691

Effective as of 01-NOV-12

HEPNER, ABSALOM, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691

Effective as of 01-DEC-14

KULICK, DANIEL, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691

Effective as of 01-OCT-99

KULICK, DANIEL, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691

Effective as of 01-MAY-12

KULICK, DANIEL, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691

Effective as of 01-NOV-12

KULICK, DANIEL, 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-NOV-12

LOUSSARARIAN, ARTHUR, MD[†]

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 161
MISSION VIEJO, CA 92691

Effective as of 01-NOV-12

LOUSSARARIAN, ARTHUR, MD[†]

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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-12

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 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

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

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

PARK, SE, NP

Provider ID: N/A

26691 PLAZA STE 120

C1. Lista de proveedores de la red Médico de atención especializada

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†

Provider ID: N/A

26691 PLAZA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-99

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

C1. Lista de proveedores de la red Médico de atención especializada

MISSION VIEJO, CA 92691
Effective as of 01-NOV-12

TRAN, NEIL, MD†

Provider ID: N/A

📍 26732 CROWN VALLEY
PKWY STE 161
MISSION VIEJO, CA 92691
Effective as of 01-NOV-12

TRAN, NEIL, MD†

Provider ID: N/A

📍 26800 CROWN VALLEY
PKWY STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

TRAN, NEIL, MD†

Provider ID: N/A

📍 26800 CROWN VALLEY
PKWY STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JUL-07

TRUONG, MICHAEL, MD†

Provider ID: N/A

📍 26800 CROWN VALLEY
PKWY STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

TRUONG, MICHAEL, MD†

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†

Provider ID: N/A

📍 23512 MADERO
MISSION VIEJO, CA 92691

Effective as of 01-SEP-21

CUENCA, ARNOLD, DO†

Provider ID: N/A

📍 23512 MADERO
MISSION VIEJO, CA 92691
Effective as of 01-SEP-21

CUENCA, ARNOLD, DO†

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-APR-12

MARANDOLA, MICHAEL, MD

Provider ID: N/A

📍 26401 CROWN VALLEY
PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-JUL-12

GASTROENTEROLOGY

BAE, WANJUN, MD†

Provider ID: N/A

📍 27799 MEDICAL CENTER
RD
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

BAE, WANJUN, MD†

Provider ID: N/A

📍 27799 MEDICAL CENTER
RD
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

BLOCK, EDWARD, MD†

Provider ID: N/A

📍 27799 MEDICAL CENTER
RD
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

BLOCK, EDWARD, MD†

Provider ID: N/A

📍 27799 MEDICAL CENTER
RD
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

CHANG, ELMER, MD†

Provider ID: N/A

📍 27799 MEDICAL CENTER
RD
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

CHANG, ELMER, MD†

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-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-APR-11

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
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

ZABIHI, RAMIN, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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-APR-11

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-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
Effective as of 01-JUL-21

LAZO, NELLY, MD†

Provider ID: N/A

26732 CROWN VALLEY

C1. Lista de proveedores de la red Médico de atención especializada

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-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

JIANG, FEN, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD

C1. Lista de proveedores de la red Médico de atención especializada

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

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-MAY-12

SUK, DAVID, MD

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-23

BENDER, RICHARD, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 271
MISSION VIEJO, CA 92691
Effective as of 01-OCT-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-JAN-18

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-AUG-22

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
Effective as of 01-JAN-15

NAWAR, MAGDY, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 485

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JAN-18

NAWAR, MAGDY, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 485
MISSION VIEJO, CA 92691
Effective as of 01-MAR-99

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 STE 100
MISSION VIEJO, CA 92691
Effective as of 01-NOV-22

FAHIMI, GOLSHAN, MD

Provider ID: N/A

26991 CROWN VALLEY

PKWY
MISSION VIEJO, CA 92691
Effective as of 01-SEP-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

NIK, ANDREW, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 385
MISSION VIEJO, CA 92691

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

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

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
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

26800 CROWN VALLEY

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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-SEP-18

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-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

***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-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

BAGINSKI, LEON, MD†

Provider ID: N/A
27800 MEDICAL CENTER
RD STE 310
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

BAILEY, THOMAS, MD†

Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691
Effective as of 01-JUL-14


BAILEY, THOMAS, MD†

Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691
Effective as of 01-MAR-99

BENZL, JERRY, MD†


Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

 26902 OSO PKWY STE 180
MISSION VIEJO, CA 92691
Effective as of 01-JUN-11


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-SEP-10


BENZL, JERRY, MD†

Provider ID: N/A

 26902 OSO PKWY STE 180
MISSION VIEJO, CA 92691
Effective as of 01-JUL-03


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-JAN-18


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-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


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
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 200
MISSION VIEJO, CA 92694
Effective as of 01-JAN-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
PKWY STE 381
MISSION VIEJO, CA 92691
Effective as of 01-FEB-24

LEAVITT, JAMIE, MD†


Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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-SEP-10


POLLOCK, KATHLEEN, MD†

Provider ID: N/A

 26800 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691
Effective as of 01-JUN-05


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
PKWY
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

AHMED, SARAH, MD†

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

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-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-MAY-22

**CUNNINGHAM-AHUMADA,
ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JUN-16

**CUNNINGHAM-AHUMADA,
ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-14

**C1. Lista de proveedores de la red
Médico de atención especializada**

**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-AUG-19

GHOSHEH, FARIS, MD

Provider ID: N/A

26701 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691
Effective as of 01-APR-11

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-OCT-22

GHOSHEH, FARIS, MD

Provider ID: N/A

26701 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691
Effective as of 01-FEB-08

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-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-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-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

KRAD, OMAR, MD†

Provider ID: N/A

27871 MEDICAL CENTER RD
STE 120

**C1. Lista de proveedores de la red
Médico de atención especializada**

MISSION VIEJO, CA 92691
Effective as of 01-DEC-14

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

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-MAR-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
PKWY
MISSION VIEJO, CA 92691

Effective as of 01-SEP-10

OTOLARYNGOLOGY

BREDENKAMP, JAMES, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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-22

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-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-JAN-18

CHO, MICHAEL, 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-JAN-18

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-MAR-08

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

CROCKETT, DENNIS, MD†

Provider ID: N/A

26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

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
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

HEINRICH, JAMES, MD

Provider ID: N/A


26730 CROWN VALLEY

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-22


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-MAR-04


LUU, QUANG, MD†

Provider ID: N/A

 26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-OCT-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


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
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-22

MUNDI, JAGMEET, 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

C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-22

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

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-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 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 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 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†

Provider ID: N/A

30492 GATEWAY PL STE
110
MISSION VIEJO, CA 92694
Effective as of 01-DEC-20

RAHIMI, MOHAMMAD, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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

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-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 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 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 210
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-19

DAVIS, KELLY, MD†

Provider ID: N/A

25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-18

PEDIATRIC SURGERY ORTHOPEDIC

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

AMINIAN, AFSHIN, MD†

Provider ID: N/A

25982 PALA STE 230
MISSION VIEJO, CA 92691

Effective as of 01-OCT-12

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-JAN-21

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-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†

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 110
MISSION VIEJO, CA 92691
Effective as of 01-FEB-21

PHYS MED/ REHAB PAIN

C1. Lista de proveedores de la red Médico de atención especializada

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-MAR-24

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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-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-JUN-19

SCHMALHAUS, MONTE, DPM

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

C1. Lista de proveedores de la red Médico de atención especializada

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-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-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
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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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

MONTEL, SEBASTIEN, PhD†

Provider ID: N/A

27201 PUERTA REAL STE
300

C1. Lista de proveedores de la red Médico de atención especializada

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-APR-11

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

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
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

TAMMELIN, BRUCE, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-MAR-08

RADIATION ONCOLOGY

CHOU, WILLIAM, MD†

Provider ID: N/A

27799 MEDICAL CENTER

C1. Lista de proveedores de la red Médico de atención especializada

RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

CHOU, WILLIAM, MD†

Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-APR-20

CHOU, WILLIAM, MD†

Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-19

CHOU, WILLIAM, MD†

Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-19

CHOU, WILLIAM, MD†

Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-DEC-19

CHOU, WILLIAM, MD†

Provider ID: N/A
27800 MEDICAL CENTER
RD STE 160
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

DOGGETT, STEPHEN, MD†

Provider ID: N/A
27700 MEDICAL CENTER
RD
MISSION VIEJO, CA 92691
Effective as of 01-JAN-21

FENG, CHU-PEI, MD†

Provider ID: N/A
27700 MEDICAL CENTER
RD STE 2
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

FENG, CHU-PEI, MD†

Provider ID: N/A
27700 MEDICAL CENTER
RD STE 2
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

FENG, CHU-PEI, MD†

Provider ID: N/A
27700 MEDICAL CENTER
RD STE 2
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

FENG, CHU-PEI, MD†

Provider ID: N/A
27700 MEDICAL CENTER
RD STE 2
MISSION VIEJO, CA 92691
Effective as of 01-JAN-17

LEE, SHARON, MD†

Provider ID: N/A
27700 MEDICAL CENTER
RD
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

LIU, GENE FU, MD†

Provider ID: N/A
27799 MEDICAL CENTER
RD

STE 120
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

LIU, GENE FU, MD†

Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JAN-21

LIU, GENE FU, MD†

Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-MAR-21

LIU, GENE FU, MD†

Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JAN-21

YOUNG, CAROLYN, MD†

Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

YOUNG, CAROLYN, MD†

Provider ID: N/A
27800 MEDICAL CENTER
RD STE 160
MISSION VIEJO, CA 92691
Effective as of 01-SEP-19

RHEUMATOLOGY

CI. Lista de proveedores de la red Médico de atención especializada

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-OCT-23

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

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

BRADY, MATTHEW, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

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-JUL-21

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-OCT-23

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

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

ANDERSON, MARLA, MD[†]

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

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[†]

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-OCT-23

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-JUN-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

BACON, LOUISE, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

BACON, LOUISE, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

BACON, LOUISE, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

BACON, LOUISE, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

BACON, LOUISE, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

BACON, LOUISE, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-AUG-21

BACON, LOUISE, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

BRADY, MATTHEW, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

BRADY, MATTHEW, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-SEP-22

BRADY, MATTHEW, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

KUSHNER, KENNETH, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

KUSHNER, KENNETH, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

KUSHNER, KENNETH, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

KUSHNER, KENNETH, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

KUSHNER, KENNETH, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

KUSHNER, KENNETH, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

KUSHNER, KENNETH, MD†

Provider ID: N/A


26732 CROWN VALLEY
PKWY STE 351

C1. Lista de proveedores de la red Médico de atención especializada

MISSION VIEJO, CA 92691
Effective as of 01-JAN-18


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-OCT-23


ROBERTSON, ELSIE, MD

Provider ID: N/A

 27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23


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-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-JUL-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

 26732 CROWN VALLEY
PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

SHAVER, JOHN, MD†

Provider ID: N/A


 27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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
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

CI. Lista de proveedores de la red Médico de atención especializada

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-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

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

ELZIK, MARK, MD

Provider ID: N/A

26730 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-14

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-NOV-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-JUL-07

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-DEC-23

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

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

CI. Lista de proveedores de la red Médico de atención especializada

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-OCT-23

KIM-ORDEN, MICHAEL, MD

Provider ID: N/A

 27725 SANTA MARGARITA
PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

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-OCT-12


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


LALONDE, FRANCOIS, MD†

Provider ID: N/A

 25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-APR-08


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

 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

C1. Lista de proveedores de la red Médico de atención especializada

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-DEC-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-SEP-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-23

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-14

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

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

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†

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

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-19

PORAT, SHAROUN, MD†

Provider ID: N/A
27725 SANTA MARGARITA
PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

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-MAR-20

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-SEP-17

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
26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-JUL-23

LAM, VINH, MD†

Provider ID: N/A
27800 MEDICAL CENTER
RD STE 138
MISSION VIEJO, CA 92691
Effective as of 01-JAN-14

LAM, VINH, MD†

Provider ID: N/A
26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-JUL-17

SURGERY PLASTIC

LEE, MICHAEL, MD

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 410
MISSION VIEJO, CA 92691

Effective as of 01-OCT-23

LEE, MICHAEL, MD†

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†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-OCT-20

FOWLER, AARON, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-OCT-20

FOWLER, AARON, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-OCT-20

FOWLER, AARON, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-OCT-20

FOWLER, AARON, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-OCT-20

FOWLER, AARON, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-OCT-20

SAFFARZADEH, AREO, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-OCT-21

SAFFARZADEH, AREO, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-OCT-21

SAFFARZADEH, AREO, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

SAFFARZADEH, AREO, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

TANG, TAYLOR, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-NOV-16

TANG, TAYLOR, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-NOV-16

TANG, TAYLOR, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-NOV-16

TANG, TAYLOR, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691

Effective as of 01-NOV-16

TANG, TAYLOR, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 461
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

TANG, TAYLOR, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 461
MISSION VIEJO, CA 92691

Effective as of 01-SEP-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†

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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

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

UROLOGY

BUI, DON, MD†

Provider ID: N/A

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

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

**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-FEB-22

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

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

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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

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

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

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

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-OCT-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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-23

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

26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-OCT-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

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†

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

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-MAR-23

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

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

26991 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691

Effective as of 01-APR-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

26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691

Effective as of 01-JAN-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-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

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-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

26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691

Effective as of 01-OCT-22

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

26691 PLAZA STE 120
MISSION VIEJO, CA 92691

Effective as of 01-OCT-23

STEPHANY, HEIDI, MD

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

MISSION VIEJO, CA 92691
Effective as of 01-JAN-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

26991 CROWN VALLEY
PKWY STE 120
MISSION VIEJO, CA 92691
Effective as of 01-OCT-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

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

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

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-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†

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

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

26991 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

TEBYANI, NEYSSAN, MD†

Provider ID: N/A

26800 CROWN VALLEY

C1. Lista de proveedores de la red Médico de atención especializada

PKWY STE 340
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
MURRIETA, CA 92562
Effective as of 01-NOV-22

ALTURJUMAN, AHMAD, MD†

Provider ID: N/A

29995 TECHNOLOGY DR
STE 302
MURRIETA, CA 92563
Effective as of 01-JUL-22

C1. Lista de proveedores de la red Médico de atención especializada

ALTURJUMAN, AHMAD, MD†

Provider ID: N/A

📄 29995 TECHNOLOGY DR
STE 302
MURRIETA, CA 92563
Effective as of 01-MAR-22

ALTURJUMAN, AHMAD, MD†

Provider ID: N/A

📄 29995 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-SEP-18

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-MAR-20

ATTIA, NADER, DO†

Provider ID: N/A

📄 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-JUL-22

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

Provider ID: N/A

📄 40770 CALIFORNIA OAKS
RD STE A
MURRIETA, CA 92562

Effective as of 01-MAR-23

OSHODI, GANIYU, MD†

Provider ID: N/A

📄 40700 CALIFORNIA OAKS

C1. Lista de proveedores de la red Médico de atención especializada

RD STE 208
MURRIETA, CA 92562
Effective as of 01-JAN-21

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-SEP-18

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-MAY-20

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

☒ 25470 MEDICAL CENTER
DR STE 201
MURRIETA, CA 92562

Effective as of 01-SEP-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-DEC-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
210
MURRIETA, CA 92562

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-FEB-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

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

C1. Lista de proveedores de la red Médico de atención especializada

MURRIETA, CA 92562
Effective as of 01-DEC-22

HUERTA, CARMEN, NP†

Provider ID: N/A
25405 HANCOCK AVE STE
200
MURRIETA, CA 92562
Effective as of 01-MAY-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
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

MURRIETA, CA 92562
Effective as of 01-DEC-21

KHERADMAND, SHIVA, DO†

Provider ID: N/A

24405 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-DEC-21

KHERADMAND, SHIVA, DO†

Provider ID: N/A

24405 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-DEC-21

KHERADMAND, SHIVA, DO†

Provider ID: N/A

24405 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-MAY-22

KHERADMAND, SHIVA, DO†

Provider ID: N/A

24405 HANCOCK AVE STE 200
MURRIETA, CA 92562
Effective as of 01-MAY-23

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-MAY-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-JAN-23

MUNYON, THOMAS, MD†

Provider ID: N/A

25405 HANCOCK AVE STE 200
MURRIETA, CA 92562
Teleservice
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†

C1. Lista de proveedores de la red Médico de atención especializada

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-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
200
MURRIETA, CA 92562
Teleservice
Effective as of 01-DEC-19

SAIED, NAGI, MD†

Provider ID: N/A

25405 HANCOCK AVE STE
217
MURRIETA, CA 92562
Teleservice
Effective as of 01-NOV-18

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-17

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-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-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-JUL-15

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

FAN, ROBERT, MD†

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 302
MURRIETA, CA 92562

Teleservice

Effective as of 01-APR-20

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

40663 MURRIETA HOT
SPRINGS RD STE C1

C1. Lista de proveedores de la red Médico de atención especializada

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-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

OJURI, ADEBAMBO, MD†

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 302
MURRIETA, CA 92562
Teleservice
Effective as of 01-APR-17

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

RAGHUWANSHI, NAISHADH, MD†

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 306
MURRIETA, CA 92562
Effective as of 01-MAY-18

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

GENETICS CLINICAL

BRAR, HARBINDER, MD†

Provider ID: N/A

25109 JEFFERSON AVE STE
210
MURRIETA, CA 92562
Effective as of 01-JUL-19

HEMATOLOGY /

C1. Lista de proveedores de la red Médico de atención especializada

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
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-MAR-21

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†

Provider ID: N/A

25405 HANCOCK AVE STE
211
MURRIETA, CA 92562

Effective as of 01-JUN-21

INFECTIOUS DISEASE

HARFOUCH, CHAWKI, MD†

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

28078 BAXTER RD STE 320
MURRIETA, CA 92563
Effective as of 01-MAY-13

HARFOUCH, CHAWKI, MD[†]
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[†]
Provider ID: N/A

28078 BAXTER RD STE 320
MURRIETA, CA 92563
Effective as of 01-MAY-13

LE, THUAN, MD[†]
Provider ID: N/A

28078 BAXTER RD STE 320
MURRIETA, CA 92563
Effective as of 01-MAY-09

LE, THUAN, MD[†]
Provider ID: N/A

28078 BAXTER RD STE 320
MURRIETA, CA 92563
Effective as of 01-SEP-09

LE, THUAN, MD[†]
Provider ID: N/A

28078 BAXTER RD STE 320
MURRIETA, CA 92563
Effective as of 01-SEP-09

LE, THUAN, MD[†]
Provider ID: N/A

28078 BAXTER RD STE 320
MURRIETA, CA 92563
Effective as of 01-JAN-11

INTERNAL MEDICINE

BASERI, BABAK, MD[†]
Provider ID: N/A

25405 HANCOCK AVE STE
203
MURRIETA, CA 92562
Effective as of 01-APR-24

HADDADIN, HASSAN, MD[†]
Provider ID: N/A

28078 BAXTER RD STE 324
MURRIETA, CA 92563
Effective as of 01-SEP-22

HADDADIN, HASSAN, MD[†]
Provider ID: N/A

28078 BAXTER RD STE 324
MURRIETA, CA 92563
Effective as of 01-SEP-22

HADDADIN, HASSAN, MD[†]
Provider ID: N/A

28078 BAXTER RD STE 324
MURRIETA, CA 92563
Effective as of 01-SEP-22

HARFOUCH, CHAWKI, MD[†]
Provider ID: N/A

28078 BAXTER RD STE 320
MURRIETA, CA 92563
Effective as of 01-JUN-17

MONTANA, WILBUR, DO[†]
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[†]
Provider ID: N/A

25500 MEDICAL CENTER
DR
MURRIETA, CA 92562
Effective as of 01-AUG-21

**INTERVENTIONAL
CARDIOLOGY**

AL KHIAMI, BELAL, MD[†]
Provider ID: N/A

28062 BAXTER RD
MURRIETA, CA 92563
Effective as of 01-JAN-21

AMIN, JATIN, MD[†]
Provider ID: N/A


39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563
Teleservice
Effective as of 01-JAN-19

ATTIA, NADER, DO[†]
Provider ID: N/A

39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563
Teleservice
Effective as of 01-JAN-19

ATTIA, NADER, DO[†]
Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-APR-17

GAGLANI, RAHUL, MD†

Provider ID: N/A


 25395 HANCOCK AVE STE
230

MURRIETA, CA 92562

Effective as of 01-AUG-21

MESSENGER, BRADLEY, MD†

Provider ID: N/A


 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-FEB-22

MESSENGER, BRADLEY, MD†

Provider ID: N/A


 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

PAREKH, NIRAJ, MD†

Provider ID: N/A

 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

PATANKAR, KAUSTUBH, MD†

Provider ID: N/A

 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Effective as of 01-JAN-19

SCHWARZ, ERNST, MD†

Provider ID: N/A

 39755 DATE ST STE 205
MURRIETA, CA 92563

Effective as of 01-SEP-22

SCHWARZ, ERNST, MD†

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†


Provider ID: N/A

 25109 JEFFERSON AVE STE
210
MURRIETA, CA 92562

Effective as of 01-DEC-10

BRAR, HARBINDER, MD†

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†

Provider ID: N/A

 24910 LAS BRISAS RD STE
108

MURRIETA, CA 92562

Effective as of 01-JUL-20

NEUROLOGY

ALVAREZ, PAMELA, MD†

Provider ID: N/A


 24910 LAS BRISAS RD STE
115

MURRIETA, CA 92562

Effective as of 01-MAY-14

ALVAREZ, PAMELA, MD†

Provider ID: N/A

 24910 LAS BRISAS RD STE
115

MURRIETA, CA 92562

Effective as of 01-MAR-15

NUNE, SUNITHA, MD†

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

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†

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JUL-11

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-FEB-18

LOCASCIO, ELIZABETH, DO†

Provider ID: N/A

25460 MEDICAL CENTER
DR STE 100
MURRIETA, CA 92562

Teleservice

Effective as of 01-SEP-22

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†

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JUL-19

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-FEB-21

CHIN, ERIC, MD†
Provider ID: N/A
25395 HANCOCK AVE STE
100
MURRIETA, CA 92562
Effective as of 01-JAN-22

C1. Lista de proveedores de la red Médico de atención especializada

CHIN, ERIC, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562

Effective as of 01-JUN-23

CHOW, JASON, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562

Effective as of 01-OCT-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

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-JUL-23

CHOW, JASON, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562

Effective as of 01-SEP-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-NOV-20

CULOTTA, ANTHONY, MD†

Provider ID: N/A

40690 CALIFORNIA OAKS
RD STE B
MURRIETA, CA 92562

Teleservice

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-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-JAN-23

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 STE
100
MURRIETA, CA 92562

Effective as of 01-SEP-22

GOLLOGLY, HEIDRUN, MD†

Provider ID: N/A

40690 CALIFORNIA OAKS

C1. Lista de proveedores de la red Médico de atención especializada

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-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

25460 MEDICAL CENTER
DR STE 103
MURRIETA, CA 92562
Effective as of 01-JUL-23

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

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

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

25460 MEDICAL CENTER
DR STE 103
MURRIETA, CA 92562
Effective as of 01-JAN-22

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

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562
Effective as of 01-AUG-18

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

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562
Effective as of 01-AUG-19

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-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-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

25460 MEDICAL CENTER
DR STE 103
MURRIETA, CA 92562

**C1. Lista de proveedores de la red
Médico de atención especializada**

Effective as of 01-MAY-17

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

25460 MEDICAL CENTER
DR STE 103
MURRIETA, CA 92562

Effective as of 01-DEC-21

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

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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, TODD, DO

Provider ID: N/A

25150 HANCOCK AVE STE
204
MURRIETA, CA 92562
Effective as of 01-DEC-15

ROBERTS, TODD, DO

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, 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

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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, BRITNEY, PA†

Provider ID: N/A
☒ 25405 HANCOCK AVE STE
217
MURRIETA, CA 92562
Effective as of 01-NOV-18

KAUFMAN, TIFFANY, PA†

Provider ID: N/A
☒ 24910 LAS BRISAS RD STE
105
MURRIETA, CA 92562
Effective as of 01-NOV-16

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

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

C1. Lista de proveedores de la red Médico de atención especializada

📄 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

📄 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

C1. Lista de proveedores de la red Médico de atención especializada

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

EVANS, RICHARD, DPM

Provider ID: N/A

☒ 39755 MURRIETA HOT
SPRINGS RD STE D130
MURRIETA, CA 92563
Effective as of 01-APR-06

NGUYEN, THO, DPM†

Provider ID: N/A

☒ 24640 JEFFERSON AVE
STE 109
MURRIETA, CA 92562
Effective as of 01-AUG-16

NGUYEN, THO, DPM†

Provider ID: N/A

☒ 24640 JEFFERSON AVE
STE 109
MURRIETA, CA 92562
Effective as of 01-NOV-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-DEC-16

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-JAN-23

SHIN, CHRISTOPHER, DPM†

Provider ID: N/A

☒ 24640 JEFFERSON AVE
STE 109
MURRIETA, CA 92562
Effective as of 01-MAY-21

SHIN, CHRISTOPHER, DPM†

Provider ID: N/A

☒ 24640 JEFFERSON AVE
STE 109
MURRIETA, CA 92562
Effective as of 01-SEP-22

TRANSFIGURACION SHIN, CHRISTIANNE, DPM†

Provider ID: N/A

☒ 24640 JEFFERSON AVE
STE 109
MURRIETA, CA 92562
Effective as of 01-DEC-16

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-JUL-23

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-NOV-16

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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-FEB-15

SIEN, STEFAN, DO†

Provider ID: N/A

28078 BAXTER RD STE 324
MURRIETA, CA 92563
Effective as of 01-NOV-12

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-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

PATEL, NIKHIL, MD†

Provider ID: N/A

25485 MEDICAL CENTER
DR STE 106
MURRIETA, CA 92562
Effective as of 01-JAN-24

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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, 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

24671 MONROE AVE STE
C-201
MURRIETA, CA 92562
Effective as of 01-JUL-23

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, AARON, PT

Provider ID: N/A

24671 MONROE AVE STE
C-201
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, 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

24630 WASHINGTON AVE
STE 201
MURRIETA, CA 92562
Effective as of 01-JUL-23

ATKINS, AARON, PT

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

24630 WASHINGTON AVE
STE 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

25495 MEDICAL CENTER
DR STE 304
MURRIETA, CA 92562
Effective as of 01-NOV-18

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

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

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

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†

Provider ID: N/A

24671 MONROE AVE BLDG
C-101
MURRIETA, CA 92562
Effective as of 01-MAY-22

RHEUMATOLOGY

FREYNE, BRIGID, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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-NOV-23

CHIN, MICHAEL, MD†

Provider ID: N/A

☒ 41670 IVY ST STE B

C1. Lista de proveedores de la red Médico de atención especializada

MURRIETA, CA 92562
Effective as of 01-NOV-23

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-AUG-20

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-DEC-22

DADA, FESTUS, MD†

Provider ID: N/A
25470 MEDICAL CENTER
DR STE 203
MURRIETA, CA 92562
Effective as of 01-JUL-23

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

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-15

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-FEB-18

ABSHIRE, BRET, MD[†]

Provider ID: N/A

25150 HANCOCK AVE STE
210

MURRIETA, CA 92562

Effective as of 01-FEB-20

ABSHIRE, BRET, MD[†]

Provider ID: N/A

25150 HANCOCK AVE STE
210

MURRIETA, CA 92562

Effective as of 01-FEB-20

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

ABSHIRE, BRET, MD†

Provider ID: N/A

25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-SEP-17

FRIEDLICH, DANIEL, MD†

Provider ID: N/A

25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-MAY-15

FRIEDLICH, DANIEL, MD†

Provider ID: N/A

25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-MAY-15

FRIEDLICH, DANIEL, MD†

Provider ID: N/A

25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-MAR-14

OH, GERALD, MD†

Provider ID: N/A

25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-AUG-17

OH, GERALD, MD†

Provider ID: N/A

25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-AUG-17

OH, GERALD, MD†

Provider ID: N/A

25150 HANCOCK AVE STE

210

MURRIETA, CA 92562

Effective as of 01-AUG-17

OH, GERALD, MD†

Provider ID: N/A

25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-AUG-17

OH, GERALD, MD†

Provider ID: N/A

25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-FEB-19

OH, GERALD, MD†

Provider ID: N/A

25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-OCT-17

SURGERY ORTHOPEDIC

AGYEMAN, KOFI, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
240
MURRIETA, CA 92562
Effective as of 01-MAR-22

AGYEMAN, KOFI, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
250
MURRIETA, CA 92562
Effective as of 01-MAR-22

CHENG, WAYNE, MD†

Provider ID: N/A

28078 BAXTER RD STE 340
MURRIETA, CA 92563

Effective as of 01-JAN-24

CHENG, WAYNE, MD†

Provider ID: N/A

28078 BAXTER RD STE 340
MURRIETA, CA 92563
Effective as of 01-JUL-21

CHENG, WAYNE, MD†

Provider ID: N/A

28078 BAXTER RD STE 340
MURRIETA, CA 92563
Effective as of 01-JUL-21

DRINHAUS, ROLF, MD†

Provider ID: N/A

25150 HANCOCK AVE STE
200
MURRIETA, CA 92562
Effective as of 01-APR-08

ERWTEMAN, ANDREW, MD†

Provider ID: N/A

25150 HANCOCK AVE STE
200
MURRIETA, CA 92562
Effective as of 01-AUG-20

ERWTEMAN, ANDREW, MD†

Provider ID: N/A

25150 HANCOCK AVE STE
200
MURRIETA, CA 92562
Effective as of 01-NOV-16

ERWTEMAN, ANDREW, MD†

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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
240
MURRIETA, CA 92562
Effective as of 01-NOV-21

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-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
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

CI. Lista de proveedores de la red Médico de atención especializada

250
MURRIETA, CA 92562
Effective as of 01-NOV-21

SAADAT, ARDAVAN, MD†

Provider ID: N/A
25395 HANCOCK AVE STE
240
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 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

SAYEGH, ELI, 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-APR-03

TOOMA, GHASSAN, MD†

Provider ID: N/A
28078 BAXTER RD STE 330
MURRIETA, CA 92563
Effective as of 01-DEC-23

TOOMA, GHASSAN, MD†

Provider ID: N/A
28078 BAXTER RD STE 340
MURRIETA, CA 92563
Effective as of 01-DEC-22

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-SEP-13

NEWMAN, DAVID, MD

Provider ID: N/A

25150 HANCOCK AVE STE
110
MURRIETA, CA 92562
Effective as of 01-JAN-06

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-JUL-23

VO, QUANG, MD†

Provider ID: N/A
25470 MEDICAL CENTER
DR STE 203
MURRIETA, CA 92562
Effective as of 01-DEC-22

UROLOGY

CONNER, RICHARD, MD†

Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-20

CONNER, RICHARD, 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

CI. Lista de proveedores de la red Médico de atención especializada

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-FEB-15

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-JUN-15

CRISELL, MONISHA, MD†

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-JAN-04

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-MAY-20

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

C1. Lista de proveedores de la red Médico de atención especializada

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-AUG-15

LARSON, BENJAMIN, MD†

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-OCT-15

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-MAY-23

LUTTGE, SCOTT, MD†

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-DEC-22

LUTTGE, SCOTT, MD†

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAR-23

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
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-AUG-16

TSI, SY, MD†

Provider ID: N/A

28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-APR-22

**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-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-MAY-20

**VEMULAPALLI, SREENIVAS,
MD†**

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-JUN-15

**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

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-NOV-15

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

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

**CARDIOVASCULAR
DISEASE**

DAMANI, SAMIR, MD

Provider ID: N/A

655 EUCLID AVE STE 401
NATIONAL CITY, CA 91950
Effective as of 01-NOV-23

KIM, JAMES, MD

C1. Lista de proveedores de la red Médico de atención especializada

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 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

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-JAN-21

PANDHI, JAY, MD†

Provider ID: N/A

655 EUCLID AVE STE 208
NATIONAL CITY, CA 91950
Effective as of 01-MAR-18

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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 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-APR-24

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 401
NATIONAL CITY, CA 91950
Effective as of 01-MAR-18

SATEESH, BROOKE, 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 304

C1. Lista de proveedores de la red Médico de atención especializada

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-APR-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-MAR-15

MAA CHIP, FHARAK, MD†

Provider ID: N/A

655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
Effective as of 01-NOV-23

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

1615 SWEETWATER RD
NATIONAL CITY, CA 91950*
Effective as of 01-AUG-21

CAMACHO, BENJAMIN, MD†

Provider ID: N/A

1615 SWEETWATER RD STE

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-22

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

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

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†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

502 EUCLID AVE STE 104
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

WYSOCZANSKI, MARIUSZ, MD

Provider ID: N/A

1415 E 8TH ST STE 8
NATIONAL CITY, CA 91950
Effective as of 01-JAN-24

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-SEP-20

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-JAN-21

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†

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

ASLIAN, AZITA, MD

Provider ID: N/A

1136 D AVE
NATIONAL CITY, CA 91950*
Effective as of 01-SEP-23

ASLIAN, AZITA, MD†

Provider ID: N/A

2400 E 8TH ST
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

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-NOV-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
NATIONAL CITY, CA 91950
Effective as of 01-APR-23

C1. Lista de proveedores de la red Médico de atención especializada

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-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-JAN-21

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, MAJID, MD†

Provider ID: N/A

1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

MANI, NASRIN, MD†

Provider ID: N/A

1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

MCDONNELL, EMMA, MD†

Provider ID: N/A

1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-APR-23

MCGRAW, JOSEPH, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-JAN-22

MCGRAW, JOSEPH, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-JAN-24

MCGRAW, JOSEPH, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-NOV-21

MCGRAW, JOSEPH, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-OCT-21

MCGRAW, JOSEPH, MD†

Provider ID: N/A

2240 E PLAZA BLVD STE F
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

MCGRAW, JOSEPH, MD†

Provider ID: N/A

2240 E PLAZA BLVD STE G
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

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

2240 E PLAZA BOULEVARD
SUITE F AND G
NATIONAL CITY, CA 91950
Effective as of 01-MAR-23

MORRISON-REYES, JOSHUA, 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

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Effective as of 01-FEB-24

MORRISON-REYES, JOSHUA,

C1. Lista de proveedores de la red Médico de atención especializada

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-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, 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, NANCY, OD†

Provider ID: N/A

1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

EL-MOGHRABI, ROULA, 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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-24

KOO, ANITA, OD
Provider ID: N/A
☒ 1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-FEB-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-JAN-23

ATMAR, AKMAL, DPM†
Provider ID: N/A
☒ 2345 E 8TH ST STE 105
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

CAINE, SAMUEL, DPM
Provider ID: N/A
☒ 610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-APR-24

CAINE, SAMUEL, DPM
Provider ID: N/A
☒ 610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
Teleservice

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-22

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-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-JAN-24

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

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-APR-23

TSAI, GRACE, DPM

Provider ID: N/A

610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950

Effective as of 01-FEB-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

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†

C1. Lista de proveedores de la red Médico de atención especializada

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†

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-DEC-22

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

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-DEC-20

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
92660

Effective as of 01-SEP-18

C1. Lista de proveedores de la red Médico de atención especializada

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-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

FARSHIDI, ARTA, MD

Provider ID: N/A

360 SAN MIGUEL DR STE
405
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

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-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

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

1441 AVOCADO AVE STE
806
NEWPORT BEACH, CA
92660

Effective as of 01-MAY-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-SEP-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

FOREMAN, TANYA, MD†

Provider ID: N/A

400 NEWPORT CENTER
DR STE 702
NEWPORT BEACH, CA
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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

KAMEL, JOSEPH, DO

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-APR-23

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-23

LANDER, JEFFREY, MD†

Provider ID: N/A

📍 1441 AVOCADO AVE STE
806
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-23

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-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

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
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

C1. Lista de proveedores de la red Médico de atención especializada

92660
Effective as of 01-JAN-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

📄 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-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-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-MAY-19

LIEM, WIEKE, MD†

Provider ID: N/A

📄 1401 AVOCADO AVE STE
703
NEWPORT BEACH, CA
92660

Effective as of 01-OCT-23

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

📄 1401 AVOCADO AVE STE
703
NEWPORT BEACH, CA
92660

Effective as of 01-MAY-19

MESHKINPOUR, AZIN, MD†

Provider ID: N/A

📄 1401 AVOCADO AVE STE
703
NEWPORT BEACH, CA

C1. Lista de proveedores de la red Médico de atención especializada

92660
Effective as of 01-JUL-19

MESHKINPOUR, AZIN, MD†

Provider ID: N/A

1401 AVOCADO AVE STE
703
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-23

MESHKINPOUR, AZIN, MD†

Provider ID: N/A

1401 AVOCADO AVE STE
703
NEWPORT BEACH, CA
92660

Effective as of 01-OCT-23

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-SEP-19

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-NOV-23

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-OCT-18

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JUN-19

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JUL-12

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-18

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-17

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-APR-21

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-APR-21

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NAMI, NAVID, DO†

Provider ID: N/A


360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA

C1. Lista de proveedores de la red Médico de atención especializada

92660
Effective as of 01-JAN-12

NAMI, NAVID, DO[†]


Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NAMI, NAVID, DO[†]


Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-23

NAMI, NAVID, DO[†]


Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-23

NAMI, NAVID, DO[†]


Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-21

NAMI, NAVID, DO[†]


Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-23

NAMI, NAVID, DO[†]


Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-MAR-23

NAMI, NAVID, DO[†]


Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-MAR-23

NGUYEN, DENNIS, MD[†]


Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-MAR-23

NGUYEN, DENNIS, MD[†]


Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-MAR-23

NGUYEN, DENNIS, MD[†]


Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-MAY-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-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

C1. Lista de proveedores de la red Médico de atención especializada

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-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-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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JAN-17

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

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

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-OCT-23

TRIVEDI, RADHIKA, MD†

Provider ID: N/A

1401 AVOCADO AVE STE
703

NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

TRIVEDI, RADHIKA, MD†

Provider ID: N/A

1441 AVOCADO AVE STE
806

NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

TRIVEDI, RADHIKA, MD†

Provider ID: N/A

1401 AVOCADO AVE STE
703

NEWPORT BEACH, CA
92660

Effective as of 01-DEC-22

C1. Lista de proveedores de la red Médico de atención especializada

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-MAR-23

TRIVEDI, RADHIKA, MD†

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†

Provider ID: N/A

1441 AVOCADO AVE STE
502
NEWPORT BEACH, CA
92660

Effective as of 01-JUL-20

SODHI, SANDEEP, MD†

Provider ID: N/A

369 SAN MIGUEL DR STE
200
NEWPORT BEACH, CA
92660

Effective as of 01-NOV-20

SODHI, SANDEEP, MD†

Provider ID: N/A

369 SAN MIGUEL DR STE
200
NEWPORT BEACH, CA
92660

Effective as of 01-NOV-20

SODHI, SANDEEP, MD†

Provider ID: N/A

369 SAN MIGUEL DR STE
200
NEWPORT BEACH, CA
92660

Effective as of 01-JUN-21

SODHI, SANDEEP, MD†

Provider ID: N/A

369 SAN MIGUEL DR STE
200
NEWPORT BEACH, CA
92660

Effective as of 01-JUN-21

GASTROENTEROLOGY

SAINI, SURINDER, MD†

Provider ID: N/A

1441 AVOCADO AVE STE
807
NEWPORT BEACH, CA
92660

Effective as of 01-MAY-12

SAINI, SURINDER, MD†

Provider ID: N/A

1441 AVOCADO AVE STE
807
NEWPORT BEACH, CA
92660

Effective as of 01-APR-11

HEMATOLOGY / ONCOLOGY

PATHAK, BHAVANA, MD†

Provider ID: N/A

1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA
92660

Effective as of 01-SEP-21

PATHAK, BHAVANA, MD†

Provider ID: N/A

1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA
92660

Effective as of 01-SEP-21

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

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

SACHELARIE, IRINA, MD

Provider ID: N/A

1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA
92660

**CI. Lista de proveedores de la red
Médico de atención especializada**

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-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

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-OCT-22

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-JAN-20

**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
NEWPORT BEACH, CA
92660

Effective as of 01-DEC-20

**C1. Lista de proveedores de la red
Médico de atención especializada**

**EIFRIG, CHARLES WILLIAM,
MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660

Effective as of 01-SEP-18

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-OCT-20

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-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-JAN-18

HWANG, JOHN, MD†

Provider ID: N/A

360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660

Effective as of 01-JUL-18

LIU, WENJING, MD†

Provider ID: N/A

360 SAN MIGUEL DR STE
410
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-20

LIU, WENJING, MD†

Provider ID: N/A

360 SAN MIGUEL DR STE
410
NEWPORT BEACH, CA
92660

Effective as of 01-OCT-22

MCGUIRE, DESMOND, MD†

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

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†

Provider ID: N/A

360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA

C1. Lista de proveedores de la red Médico de atención especializada

92660
Effective as of 01-DEC-20

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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†

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

MUDGE, BRADLEY, MD†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

240 NEWPORT CENTER DR
STE 105
NEWPORT BEACH, CA
92660

Teleservice

Effective as of 01-SEP-21

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

RICHLAND, BRANDON, MD

Provider ID: N/A

1441 AVOCADO AVE STE 710
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-24

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-JAN-18

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-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

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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

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-JAN-24

COHEN, ZACHARY, MD†

Provider ID: N/A

3142 VISTA WAY STE 207
OCEANSIDE, CA 92056
Effective as of 01-JAN-23

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-AUG-22

RAJAMANICKAM, ANITHA, MD†

Provider ID: N/A

3907 WARING RD STE 3
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

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

BALDWIN, ANDREA, NP†
Provider ID: N/A

818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-NOV-22

BALDWIN, ANDREA, NP†
Provider ID: N/A

818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

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

517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-FEB-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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

☞ 517 N HORNE ST
OCEANSIDE, CA 92054
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

KELLEHER, BRIDGET, NP

Provider ID: N/A

☞ 4700 N RIVER RD
OCEANSIDE, CA 92057
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

☞ 818 PIER VIEW WAY
OCEANSIDE, CA 92054
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

☞ 818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-FEB-24

PRITZKER, JOELY, NP

Provider ID: N/A

☞ 517 N HORNE ST
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

☞ 4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-APR-24

WAGNER, TASIA, NP

Provider ID: N/A

☞ 517 N HORNE ST
OCEANSIDE, CA 92054
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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-22

ANGRA, KUNAL, MD†

Provider ID: N/A

3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-NOV-20

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-AUG-22

LEE, HELEN, MD†

Provider ID: N/A

3629 VISTA WAY
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-NOV-22

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-SEP-21

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-22

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-SEP-22

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-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-JUL-22

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-SEP-09

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-13

VENKAT, ARUN, MD†

Provider ID: N/A

3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

VENKAT, ARUN, MD†

Provider ID: N/A

3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-AUG-20

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

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

818 PIER VIEW WAY
OCEANSIDE, CA 92054*
Effective as of 01-NOV-23

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

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

DEVEREAUX, CHRISTOPHER, MD†

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-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†

Provider ID: N/A


3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

DEVEREAUX, CHRISTOPHER,

C1. Lista de proveedores de la red Médico de atención especializada


MD†

Provider ID: N/A

 3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-SEP-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-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


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-JAN-21


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-JAN-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

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-FEB-10


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-SEP-21


SHIM, MICHAEL, 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-JAN-21


VIERNES, MATTHEW, MD†

Provider ID: N/A

 3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-SEP-01


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-JUL-22

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 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

ACOSTA, AZUCENA, LCSW

Provider ID: N/A

📍 517 N HORNE ST
OCEANSIDE, CA 92054
Teleservice
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

📍 4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

CRUZ, VANESSA, LCSW

Provider ID: N/A

📍 818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-21

DOUGHERTY, CHRISTINE, LCSW

Provider ID: N/A

📍 4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

DOUGHERTY, CHRISTINE, LCSW

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

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

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

GODINEZ, BRENDA, LCSW

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
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

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

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

4700 N RIVER RD
OCEANSIDE, CA 92057
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

517 N HORNE ST
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

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

4700 N RIVER RD
OCEANSIDE, CA 92057
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
Teleservice
Effective as of 01-JAN-24

MARRIAGE FAMILY THERAPIST

MEYERHOF, GRETA, MFT†

Provider ID: N/A

517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

MEYERHOF, GRETA, MFT†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

☒ 4700 N RIVER RD
OCEANSIDE, CA 92057
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-MAR-20

MAZAREI, RAHELE, DO†

Provider ID: N/A

☒ 3998 VISTA WAY STE C
OCEANSIDE, CA 92056
Effective as of 01-MAY-21

SCHWEIKERT, SUZANNE, MD†

Provider ID: N/A

☒ 2210 MESA DR STE 5
OCEANSIDE, CA 92054
Effective as of 01-JUL-22

SCHWEIKERT, SUZANNE, MD†

Provider ID: N/A

☒ 2210 MESA DR STE 5
OCEANSIDE, CA 92054
Effective as of 01-APR-15

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

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


C1. Lista de proveedores de la red Médico de atención especializada

 3231 WARING CT STE S
OCEANSIDE, CA 92056
Effective as of 01-APR-20


NGUYEN, VINCENT, MD†
Provider ID: N/A

 3231 WARING CT STE S
OCEANSIDE, CA 92056
Effective as of 01-SEP-21


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-OCT-23

SONG, DELU, MD


Provider ID: N/A

 3231 WARING CT STE S
OCEANSIDE, CA 92056
Effective as of 01-DEC-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

 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


GEE, JENNIFER, 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-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-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

 4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JUL-22

MORA, WENDY, OD

Provider ID: N/A

 4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24


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

 517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JUL-22

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

 517 N HORNE ST

C1. Lista de proveedores de la red Médico de atención especializada

OCEANSIDE, CA 92054
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
☑ 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
☑ 4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JUL-22

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-JAN-24

TAM, EMILY, OD

Provider ID: N/A
☑ 517 N HORNE ST
OCEANSIDE, CA 92054
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
☑ 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

C1. Lista de proveedores de la red Médico de atención especializada

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-AUG-23

BASIN, NATALIE, PA

Provider ID: N/A
3629 VISTA WAY
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-DEC-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
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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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

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
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
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

PULMONARY DISEASES

CORONA, FRANK, MD

Provider ID: N/A

3907 WARING RD STE 2
OCEANSIDE, CA 92056
Effective as of 01-AUG-23

CORONA, FRANK, MD

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

3231 WARING CT STE D
OCEANSIDE, CA 92056
Effective as of 01-JUN-99

VISEROI, MARIUS, MD†
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, DAVID, PT
Provider ID: N/A

467 COLLEGE BLVD STE 6
OCEANSIDE, CA 92057
Effective as of 01-DEC-21

BOUTELLE, BARBARA, PT
Provider ID: N/A

467 COLLEGE BLVD STE 6
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

DOULL, MATTHEW, PT
Provider ID: N/A

3905 WARING RD
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-JUN-23

FARRAR, COURTNEY, PT†
Provider ID: N/A

3231 WARING CT STE K
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-JAN-23

FARRAR, COURTNEY, PT†
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
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, ETELEVA, MD

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-21

DEEMER, ANDREW, MD†

Provider ID: N/A

3601 VISTA WAY STE 203
OCEANSIDE, CA 92056
Effective as of 01-JAN-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
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-SEP-21

SURGERY THORACIC

WU, DARRELL, MD†

Provider ID: N/A

3156 VISTA WAY STE 100
OCEANSIDE, CA 92056
Effective as of 01-JUL-21

C1. Lista de proveedores de la red Médico de atención especializada

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†

Provider ID: N/A

3609 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

FRASIER, BRADLEY, MD†

Provider ID: N/A

3609 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JUN-99

FRASIER, BRADLEY, MD†

Provider ID: N/A

3609 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

GUERENA, MICHAEL, MD†

Provider ID: N/A

3609 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JUN-99

GUERENA, MICHAEL, MD†

Provider ID: N/A

3609 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

GUERENA, MICHAEL, MD†

Provider ID: N/A

3609 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

PHILLIPS, JASON, MD†

Provider ID: N/A

3609 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JAN-15

PHILLIPS, JASON, MD†

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†

Provider ID: N/A

3609 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-DEC-13

VILCHIS, CAROLINE, MD†

Provider ID: N/A

3609 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

VILCHIS, CAROLINE, MD†

Provider ID: N/A

3609 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

CERTIFIED NURSE PRACTITIONER

ADDO, BELINDA, NP†

Provider ID: N/A

524 W 4TH ST STE B
PERRIS, CA 92570
Effective as of 01-OCT-22

CHIROPRACTOR

SCHRIEFER, NOAH, DC†

Provider ID: N/A

1675 N PERRIS BLVD STE G
PERRIS, CA 92571
Effective as of 01-SEP-22

TRAINER, JASON, DC†

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†

Provider ID: N/A

215 W 4TH ST
PERRIS, CA 92570*
Effective as of 01-AUG-20

LEE, ALAN, MD†

Provider ID: N/A

215 W 4TH ST
PERRIS, CA 92570*
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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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†

Provider ID: N/A

15611 POMERADO RD STE
400
POWAY, CA 92064

Effective as of 01-SEP-22

MANSOUR, DAVID, DO†

Provider ID: N/A

13010 POWAY RD
POWAY, CA 92064*

Effective as of 01-AUG-22

C1. Lista de proveedores de la red Médico de atención especializada

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†

Provider ID: N/A

15725 POMERADO RD STE
117
POWAY, CA 92064

Effective as of 01-JAN-23

REDDY, SMITHA, MD†

Provider ID: N/A

15725 POMERADO RD STE
117
POWAY, CA 92064

Effective as of 01-JAN-21

REDDY, SMITHA, MD†

Provider ID: N/A

15725 POMERADO RD STE
117
POWAY, CA 92064

Effective as of 01-SEP-22

THAPER, MOHINDERPAL, MD†

Provider ID: N/A

15611 POMERADO RD STE
575
POWAY, CA 92064

Effective as of 01-JAN-21

INTERVENTIONAL CARDIOLOGY

BAYAT, HAMED, MD†

Provider ID: N/A

15611 POMERADO RD STE
400
POWAY, CA 92064

Effective as of 01-SEP-22

MULVIHILL, DANIEL, MD†

Provider ID: N/A

15611 POMERADO RD FL 4
POWAY, CA 92064

Effective as of 01-SEP-22

SERRY, ROD, MD†

Provider ID: N/A

15611 POMERADO RD STE
400
POWAY, CA 92064

Effective as of 01-SEP-22

VANICHSARN, CHRISTOPHER, MD†

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†

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†

Provider ID: N/A

15708 POMERADO RD STE
N-205
POWAY, CA 92064

Effective as of 01-JAN-16

BOISKIN, MARK, MD†

Provider ID: N/A

15708 POMERADO RD STE
N-205
POWAY, CA 92064

Effective as of 01-JAN-21

GREENSTEIN, JOSHUA, MD†

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
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

C1. Lista de proveedores de la red Médico de atención especializada

NEUROLOGY

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

DELANEY, MICHAEL, MD†

Provider ID: N/A

15611 POMERADO RD STE
505
POWAY, CA 92064

Teleservice

Effective as of 01-AUG-19

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-JAN-23

LUHAR, RIYA, DO

Provider ID: N/A

15611 POMERADO RD STE
505
POWAY, CA 92064

Teleservice

Effective as of 01-AUG-23

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

WANG, ANCHI, MD†

Provider ID: N/A

15611 POMERADO RD STE
505
POWAY, CA 92064

Effective as of 01-JAN-21

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-JAN-21

BULLOCK, ANDREW, DO†

Provider ID: N/A

15644 POMERADO RD STE
204
POWAY, CA 92064

Effective as of 01-JUL-22

BULLOCK, ANDREW, DO†

Provider ID: N/A

15644 POMERADO RD STE

**C1. Lista de proveedores de la red
Médico de atención especializada**

204
POWAY, CA 92064
Effective as of 01-SEP-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-DEC-21

SMITH, COLLIN, DPM†

Provider ID: N/A

15706 POMERADO RD STE
S102
POWAY, CA 92064
Effective as of 01-FEB-21

SMITH, COLLIN, DPM†

Provider ID: N/A

15706 POMERADO RD STE
S102
POWAY, CA 92064
Effective as of 01-SEP-22

C1. Lista de proveedores de la red Médico de atención especializada

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-FEB-24

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-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-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

Effective as of 01-DEC-23

C1. Lista de proveedores de la red Médico de atención especializada

VALLEZ-BARLAM, ANDREA, PhD

Provider ID: N/A

📍 13010 POWAY RD
POWAY, CA 92064
Effective as of 01-JAN-24

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, BARBARA, PT

Provider ID: N/A

📍 850 MAIN ST STE 105
RAMONA, CA 92065
Effective as of 01-FEB-24

BOUTELLE, DAVID, 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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-APR-11

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
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

C1. Lista de proveedores de la red Médico de atención especializada

ANGAROLA, JEFF, DPM

Provider ID: N/A

29472 AVENIDA DE LAS BANDERA
RANCHO SANTA MARGARITA, CA 92688

Effective as of 01-MAY-12

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
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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, KRYSTLE, 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

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-JUL-21

FOREMAN, TANYA, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-18

**C1. Lista de proveedores de la red
Médico de atención especializada**

FOREMAN, TANYA, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

GUIDE, SHIREEN, MD†

Provider ID: N/A

629 CAMINO DE LOS
MARES STE 105
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-17

GUIDE, SHIREEN, MD†

Provider ID: N/A

629 CAMINO DE LOS
MARES STE 105
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-16

GUIDE, SHIREEN, MD†

Provider ID: N/A

629 CAMINO DE LOS
MARES STE 105
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-16

RILEY, JESSICA, DO†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

RILEY, JESSICA, DO†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-NOV-18

RILEY, JESSICA, DO†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-NOV-18

RILEY, JESSICA, DO†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-18

RILEY, JESSICA, DO†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-NOV-23

RILEY, JESSICA, DO†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-AUG-20

RILEY, JESSICA, DO†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-MAR-23

SHIELL, RONALD, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-17

SHIELL, RONALD, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673

Teleservice

Effective as of 01-DEC-21

SHIELL, RONALD, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Teleservice

Effective as of 01-MAR-19

SHIELL, RONALD, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Teleservice

Effective as of 01-SEP-18

SHIELL, RONALD, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Teleservice

Effective as of 01-OCT-23

GASTROENTEROLOGY

GUJRAL, NAVJYOT, MD†

Provider ID: N/A

655 CAMINO LOS MARES
123
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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

DRURY, PAUL, MD†

Provider ID: N/A

724 S EL CAMINO REAL
SAN CLEMENTE, CA 92672
Effective as of 01-FEB-23

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-OCT-22

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-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-SEP-10

RAMIREZ, SARA, MD†

Provider ID: N/A
665 CAMINO DE LOS
MARES
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

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 103
SAN CLEMENTE, CA 92673
Effective as of 01-FEB-23

BANUELOS, LYDIA, MD†

Provider ID: N/A
653 CAMINO DE LOS
MARES STE 107
SAN CLEMENTE, CA 92673
Effective as of 01-DEC-22

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
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†

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

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-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

JACOBS, JEFFREY, MD†

Provider ID: N/A

665 CAMINO LOS MARES 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

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-MAR-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 DE LOS MARES STE 103
SAN CLEMENTE, CA 92673
Effective as of 01-MAY-23

JOSON, PETER, MD

Provider ID: N/A

653 CAMINO DE LOS

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-MAR-10

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-JAN-18

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-AUG-22

KELLER, CHARLES, MD

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-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

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

KIM, BRIAN, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-AUG-22

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

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†

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-AUG-11

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 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
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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-18

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-NOV-14

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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†

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†

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†

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

ELKHOORY, 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
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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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 104
SAN DIEGO, CA 92126
Effective as of 01-APR-21

GROVEY, BRITTANY, MD†

Provider ID: N/A

8901 ACTIVITY RD STE 100
SAN DIEGO, CA 92126
Effective as of 01-JAN-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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-APR-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

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
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

VAN NOORD, BRANDON, MD†

Provider ID: N/A

3969 4TH AVE STE 208
SAN DIEGO, CA 92103

Effective as of 01-FEB-19

AUDIOLOGIST

BAXTER, STEPHANIE, AuD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

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

16950 VIA TAZON
SAN DIEGO, CA 92127

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
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†

C1. Lista de proveedores de la red Médico de atención especializada

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

☐ 292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-JAN-24

ABELHAD, NADIA, MD

Provider ID: N/A

☐ 412 WASHINGTON ST
SAN DIEGO, CA 92103
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-14

FRIEDMAN, RICHARD, MD†

Provider ID: N/A

☐ 4060 4TH AVE STE 650
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

GARIBYAN, VARTAN, DO†

Provider ID: N/A

☐ 4060 4TH AVE STE 500
SAN DIEGO, CA 92103
Effective as of 01-MAR-21

C1. Lista de proveedores de la red Médico de atención especializada

GLASSMAN, JERROLD, MD†

Provider ID: N/A

📍 4060 4TH AVE STE 650
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

GLASSMAN, JERROLD, MD†

Provider ID: N/A

📍 4060 4TH AVE STE 650
SAN DIEGO, CA 92103

Effective as of 01-AUG-20

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-SEP-22

NARAYANAN, MEENA, MD†

Provider ID: N/A

📍 292 EUCLID AVE STE 210
SAN DIEGO, CA 92114

Effective as of 01-APR-21

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

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 412 WASHINGTON ST
SAN DIEGO, CA 92103
Effective as of 01-JAN-23

SUDHAKAR, DEEPTHI, MD†

Provider ID: N/A

📍 292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
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

ZAVARO, SUHAIL, MD

Provider ID: N/A

📍 3131 BERGER AVE STE 200
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-FEB-23

CERTIFIED

**C1. Lista de proveedores de la red
Médico de atención especializada**

ACUPUNCTURIST

ARELLANO, JACQUELINE, LAC

Provider ID: N/A

4910 DIRECTORS PL
SAN DIEGO, CA 92121

Effective as of 01-FEB-24

**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

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

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

4910 DIRECTORS PL
SAN DIEGO, CA 92121

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

NOVAK, ERIKA, LAC

Provider ID: N/A

3282 GOVERNOR DR
SAN DIEGO, CA 92122

C1. Lista de proveedores de la red Médico de atención especializada

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

330 LEWIS ST

SAN DIEGO, CA 92103

Effective as of 01-DEC-21

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

9909 MIRA MESA BLVD
STE 200

SAN DIEGO, CA 92131

Effective as of 01-FEB-24

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

4910 DIRECTORS PL

SAN DIEGO, CA 92121

Effective as of 01-FEB-24

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

4510 EXECUTIVE DR

SAN DIEGO, CA 92121

Effective as of 01-AUG-22

ASHMAN, ELLEN, NP†

Provider ID: N/A

4520 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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-JUN-21

CONNOR, CAROLINE, NP†

Provider ID: N/A

📍 6030 VILLAGE WAY
SAN DIEGO, CA 92130
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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

HA, THU, NP

Provider ID: N/A

7011 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

7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

INSTONE, SUSAN, NP

Provider ID: N/A

4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
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

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

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92103
Effective as of 01-APR-23


JONES, CHRISTA, NP

Provider ID: N/A

 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24


JONES, CHRISTA, NP†

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-21


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
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

MCGOWAN, GLAIZA ANN, NP

Provider ID: N/A

 4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

MCGOWAN, GLAIZA ANN, NP

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

4520 EXECUTIVE DR
SAN DIEGO, CA 92121
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

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

C1. Lista de proveedores de la red Médico de atención especializada

150
SAN DIEGO, CA 92105
Effective as of 01-SEP-22

OREJEL, EDITH, NP

Provider ID: N/A

☒ 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-FEB-23

OREJEL, EDITH, NP

Provider ID: N/A

☒ 7011 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

☒ 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

PACE, RACHELLE, NP

Provider ID: N/A

☒ 4510 EXECUTIVE DR

SAN DIEGO, CA 92121
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

☒ 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

PEREZ, ALLYSSA, NP†

Provider ID: N/A

☒ 4510 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-NOV-21

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

Provider ID: N/A

☒ 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Effective as of 01-NOV-22

REDDY, PRIYA, NP

Provider ID: N/A

☒ 4171 FAIRMOUNT AVE

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

REINER, GAIL, NP†

Provider ID: N/A

📍 4510 EXECUTIVE DR STE
325
SAN DIEGO, CA 92121
Effective as of 01-OCT-21

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

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

C1. Lista de proveedores de la red Médico de atención especializada

 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

 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

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

 6402 EL CAJON BLVD STE
100

SAN DIEGO, CA 92115

Effective as of 01-MAY-23

SPAULDING, ENJOLI, NP

Provider ID: N/A

 8010 FROST ST STE 510
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-AUG-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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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†

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†

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-21


DOLLAND, STEVEN, CRNA†

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†

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22


POLLOM, JESSICA, CRNA†

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-21


RAMIREZ, NICOLE, CRNA†

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†

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-21

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

C1. Lista de proveedores de la red Médico de atención especializada


 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

 16950 VIA TAZON
SAN DIEGO, CA 92127
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


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

 3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
Effective as of 01-DEC-23


**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

 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

VU HILL, ERICA, NP†
Provider ID: N/A

 4290 POLK AVE
SAN DIEGO, CA 92105
Effective as of 01-JUL-22

CHIROPRACTOR

C1. Lista de proveedores de la red Médico de atención especializada

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*
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†

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†

Provider ID: N/A

10737 CAMINO RUIZ STE
235
SAN DIEGO, CA 92126
Effective as of 01-AUG-22

GILIBERTO, JOSEPH, DC†

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†

Provider ID: N/A

4419 EUCLID AVE STE 105
SAN DIEGO, CA 92115
Effective as of 01-SEP-22

LUU, DANIEL, DC†

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†

Provider ID: N/A

9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-JUL-21

ANGRA, KUNAL, MD†

Provider ID: N/A

9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121
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-DEC-22

ANGRA, KUNAL, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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-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

BOEN, MONICA, MD†

Provider ID: N/A

📄 9339 GENESEE AVE STE
350

SAN DIEGO, CA 92121

Effective as of 01-JAN-21

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-NOV-23

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

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†

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

C1. Lista de proveedores de la red Médico de atención especializada

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
350A
SAN DIEGO, CA 92121

Effective as of 01-JUN-17

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-NOV-23

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

HAMMAN, MICHAEL, MD†

Provider ID: N/A

☐ 4060 4TH AVE STE 415
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-SEP-22

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

☐ 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

C1. Lista de proveedores de la red Médico de atención especializada

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

6386 ALVARADO CT STE
209

SAN DIEGO, CA 92120

Effective as of 01-FEB-22

MAFONG, ERICK, MD

Provider ID: N/A

4060 4TH AVE STE 209
SAN DIEGO, CA 92103

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-21

TSE, YARDY, MD†

Provider ID: N/A

☐ 4765 CARMEL MOUNTAIN
RD STE 201
SAN DIEGO, CA 92130
Effective as of 01-SEP-22

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-JAN-24

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-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

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†

C1. Lista de proveedores de la red Médico de atención especializada

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
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

C1. Lista de proveedores de la red Médico de atención especializada

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-23

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

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

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

SANDLER, JEFFREY, MD
Provider ID: N/A

4060 4TH AVE STE 340

SAN DIEGO, CA 92103
Effective as of 01-OCT-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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-SEP-22


HILL, LINDA, MD†

Provider ID: N/A

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-SEP-22


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


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

KUROSACA, MOMO, MD†

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

KUROSACA, 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
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-JAN-21

CUBAS, IVAN, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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-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-JAN-21

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-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-JUL-22

REDDY, JOSEPH, MD†

Provider ID: N/A

6699 ALVARADO RD STE
2301
SAN DIEGO, CA 92120
Effective as of 01-JAN-14

REDDY, JOSEPH, MD†

Provider ID: N/A

6699 ALVARADO RD STE
2301

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92120
Effective as of 01-AUG-20

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-MAR-19

SHAFFER, KATHERINE, MD†

Provider ID: N/A

📍 292 EUCLID AVE STE 115
SAN DIEGO, CA 92114
Effective as of 01-OCT-18

SHAH, SHAILJA, MD

Provider ID: N/A

📍 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

SHAH, SHAILJA, MD†

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-21

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

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

SYAL, GAURAV, MD

Provider ID: N/A

📍 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

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-SEP-15

THOMAS, CARLTON, MD†

Provider ID: N/A

📍 292 EUCLID AVE STE 115
SAN DIEGO, CA 92114
Effective as of 01-JAN-21

THOMAS, CARLTON, MD†

Provider ID: N/A

📍 292 EUCLID AVE STE 115
SAN DIEGO, CA 92114
Effective as of 01-JAN-14

YOUSSEF, FADY, MD

Provider ID: N/A

📍 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

YOUSSEF, FADY, MD

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

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

📍 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

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 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 STE D
SAN DIEGO, CA 92123
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
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-APR-23

BASERI, BABAK, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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-APR-23

MARJON, PHILIP, MD†

Provider ID: N/A

3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

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-SEP-15

REDFERN, CHARLES, MD†

Provider ID: N/A

3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-JAN-14

RICE, KRISTEN, MD†

Provider ID: N/A

3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-SEP-15

C1. Lista de proveedores de la red Médico de atención especializada

RICE, KRISTEN, MD†

Provider ID: N/A

3965 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-NOV-22

SAUNDERS, PHILLIP, DO†

Provider ID: N/A

3965 5TH AVE STE 230
SAN DIEGO, CA 92103*

Effective as of 01-APR-23

SCHWERKOSKE, JOHN, MD†

Provider ID: N/A

3965 5TH AVE STE 230
SAN DIEGO, CA 92103

Effective as of 01-SEP-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

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

RUBENSIK, TAMARA, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-FEB-21

RUBENSIK, TAMARA, MD†

Provider ID: N/A

4168 FRONT ST
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

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

C1. Lista de proveedores de la red Médico de atención especializada

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
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-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

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

8010 FROST ST STE 510
SAN DIEGO, CA 92123
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

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

NGUYEN, VIET, MD†

Provider ID: N/A

4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-OCT-20

NGUYEN, TRI, MD†

Provider ID: N/A

4206 44TH ST

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92115*
Teleservice
Effective as of 01-SEP-22

NOKES, BRANDON, MD†

Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

PITT, WILLIAM, MD†

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†

Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-JAN-21

TANTISIRA, LALITA, MD†

Provider ID: N/A
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-JAN-21

TOPPEN, WILLIAM, MD†

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†

Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-AUG-21

YANG, JENNY, MD†

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†

Provider ID: N/A
4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

BOROK, ZEA, MD†

Provider ID: N/A
4520 EXECUTIVE DR STE
P2
SAN DIEGO, CA 92121
Effective as of 01-SEP-21

BOROK, ZEA, MD†

Provider ID: N/A
200 W ARBOR DR
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†

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 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†

C1. Lista de proveedores de la red Médico de atención especializada

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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
Teleservice
Effective as of 01-NOV-22

SACHS, MELISSA, LCSW†

Provider ID: N/A
4690 EL CAJON BLVD
SAN DIEGO, CA 92115
Teleservice

C1. Lista de proveedores de la red Médico de atención especializada

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-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

**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

LIDLAW, 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

**MATERNAL AND FETAL
MEDICINE**

AHN, JENNIFER, MD†

Provider ID: N/A

📍 12264 EL CAMINO REAL
STE 204

C1. Lista de proveedores de la red Médico de atención especializada

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-DAHMAN, ZAID, MD

Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123

Effective as of 01-MAY-23

AL-DAHMAN, ZAID, MD

Provider ID: N/A

4060 4TH AVE STE 220
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

AL-DAHMAN, ZAID, MD

Provider ID: N/A

6402 EL CAJON BLVD STE
100

SAN DIEGO, CA 92115

Effective as of 01-MAY-23

AL-DAHMAN, 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

BEHREND, TERRY, MD†

Provider ID: N/A

6402 EL CAJON BLVD STE
100

SAN DIEGO, CA 92115

Effective as of 01-JUL-22

CI. Lista de proveedores de la red Médico de atención especializada

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-NOV-23

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-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 510
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

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-JAN-21

FARAVARDEH, ARMAN, MD†

Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-NOV-16

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

6402 EL CAJON BLVD STE 100
SAN DIEGO, CA 92115
Teleservice
Effective as of 01-AUG-23

HUSSAIN, SHAHID, MD

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

6402 EL CAJON BLVD STE
100
SAN DIEGO, CA 92115

Teleservice

Effective as of 01-APR-24

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-NOV-16

LUND, GUY, MD†

Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123

Effective as of 01-JUL-22

LUND, GUY, MD†

Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123

Effective as of 01-SEP-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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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-AUG-20

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-SEP-22

C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-19

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-SEP-22

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

RAYNOWSKA, JENELLE, MD

Provider ID: N/A

16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-APR-23

RAYNOWSKA, JENELLE, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

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

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

SCHORR, EMILY, MD

Provider ID: N/A

4510 EXECUTIVE DR
SAN DIEGO, CA 92121
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

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

NUCLEAR MEDICINE

ALEXANDER, SINDU, MD†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

ALEXANDER, SINDU, MD†

Provider ID: N/A

330 LEWIS ST
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
Effective as of 01-OCT-23

DELCORE, LAURA, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

C1. Lista de proveedores de la red Médico de atención especializada

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

📄 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
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

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-APR-23

**MEURICE, MARIELLE
ERENDIRA LUCILLE, MD†**

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

**MEURICE, MARIELLE
ERENDIRA LUCILLE, MD†**

Provider ID: N/A

📍 4168 FRONT ST
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

📍 6030 VILLAGE WAY
SAN DIEGO, CA 92130

Effective as of 01-JUL-23

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

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

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

📍 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

📍 4168 FRONT ST
SAN DIEGO, CA 92103

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

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

WILLIAMS, ALISA, MD†

Provider ID: N/A

📍 5555 RESERVOIR DR STE
307

SAN DIEGO, CA 92120*

Effective as of 01-JAN-20

**C1. Lista de proveedores de la red
Médico de atención especializada**

**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

4445 EASTGATE MALL STE
103

SAN DIEGO, CA 92121

Effective as of 01-NOV-21

HUDSON, BONNIE, OT

Provider ID: N/A

88 E BONITA RD
STE C

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

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

ARNETT, JUSTIN, MD

Provider ID: N/A

4060 4TH AVE STE 610
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

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

AVALLONE, THOMAS, MD†

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†

Provider ID: N/A

6945 EL CAJON BLVD
SAN DIEGO, CA 92115

Effective as of 01-MAR-18

BINDER, NICHOLAS, MD†

Provider ID: N/A

6945 EL CAJON BLVD
SAN DIEGO, CA 92115

Effective as of 01-JAN-21

BINDER, NICHOLAS, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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

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

200 W ARBOR DR
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

4060 4TH AVE STE 610
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-FEB-07

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-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

4060 4TH AVE STE 610
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

200 W ARBOR DR
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†

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

C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-21

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-SEP-22

KHATIB, NORA, MD†

Provider ID: N/A

4060 4TH AVE STE 640
SAN DIEGO, CA 92103
Effective as of 01-MAR-24

KHATIB, NORA, MD†

Provider ID: N/A

4060 4TH AVE STE 640
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

LANG, PAUL, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

LANG, PAUL, MD

Provider ID: N/A

4060 4TH AVE STE 610
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
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

C1. Lista de proveedores de la red Médico de atención especializada

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-AUG-20

PATEL, SARJAN, MD†

Provider ID: N/A

6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-JAN-14

PATEL, GITANE, MD†

Provider ID: N/A

6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-MAR-18

PATEL, SARJAN, 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-SEP-22

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-OCT-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-SEP-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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

PRABHU, SUJATA, MD†

Provider ID: N/A

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Effective as of 01-APR-22

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

6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-AUG-20

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

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Effective as of 01-SEP-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 S
SAN DIEGO, CA 92123
Effective as of 01-MAY-23

ROBINSON, FANE, MD†

Provider ID: N/A

7695 CARDINAL CT STE 100
SAN DIEGO, CA 92123
Effective as of 01-SEP-15

ROESKE, RICHMOND, MD

Provider ID: N/A

3939 3RD AVE
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

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-MAR-24

ROESKE, RICHMOND, MD

Provider ID: N/A

3939 3RD AVE
SAN DIEGO, CA 92103
Effective as of 01-JUL-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

3939 3RD AVE

SAN DIEGO, CA 92103
Effective as of 01-DEC-23

SATTERFIELD, KELLIE, MD

Provider ID: N/A

5330 CARROLL CANYON
RD STE 210
SAN DIEGO, CA 92121
Effective as of 01-DEC-23

SHEILS, CATHERINE, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

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

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

3939 3RD AVE

C1. Lista de proveedores de la red Médico de atención especializada

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

SHOJI, MARISSA, MD

Provider ID: N/A

📍 4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

SHOJI, MARISSA, MD

Provider ID: N/A

📍 200 W ARBOR DR
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-JAN-21

YAMADA, KENTARO, MD†

Provider ID: N/A

📍 1040 UNIVERSITY AVE STE
B209A
SAN DIEGO, CA 92103
Effective as of 01-DEC-22

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

📍 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-JAN-21

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

📍 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

DOAN, DORA, OD

Provider ID: N/A

📍 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice

C1. Lista de proveedores de la red Médico de atención especializada

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

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

HO, HOANG MINH, OD

Provider ID: N/A

7345 LINDA VISTA RD STE A
SAN DIEGO, CA 92111

Effective as of 01-JAN-21

JOMOC, CAITLIN, OD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-FEB-24

JOMOC, CAITLIN, OD

Provider ID: N/A

16950 VIA TAZON
SAN DIEGO, CA 92127

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

6945 EL CAJON BLVD
SAN DIEGO, CA 92115

Effective as of 01-DEC-22

MARR, RYAN, OD

Provider ID: N/A

4344 CONVOY ST STE C2

SAN DIEGO, CA 92111

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

4290 POLK AVE
SAN DIEGO, CA 92105

Effective as of 01-JUL-22

SCHWAB, GARY, OD†

Provider ID: N/A

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

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-21

TAUNTON, PHILIP, OD†

Provider ID: N/A

3939 3RD AVE
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

TONNU, ANH, OD†

Provider ID: N/A

6945 EL CAJON BLVD
SAN DIEGO, CA 92115

Effective as of 01-JAN-21

TONNU, ANH, OD†

Provider ID: N/A

6945 EL CAJON BLVD
SAN DIEGO, CA 92115

Effective as of 01-SEP-22

**C1. Lista de proveedores de la red
Médico de atención especializada**

TONNU, ANH, OD†

Provider ID: N/A

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Effective as of 01-JAN-21

TONNU, ANH, OD†

Provider ID: N/A

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

VINH, JOHN, OD†

Provider ID: N/A

2240 E PLAZA BLVD
STE F AND G
SAN DIEGO, CA 92102
Effective as of 01-SEP-20

VINH, JOHN, OD†

Provider ID: N/A

2240 E PLAZA BLVD
STE F AND G
SAN DIEGO, CA 92102
Effective as of 01-JAN-21

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

4060 4TH AVE STE 610
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†

Provider ID: N/A

5405 OBERLIN DR
SAN DIEGO, CA 92121
Effective as of 01-AUG-22

BANTHIA, VISHAL, MD†

Provider ID: N/A

5405 OBERLIN DR FL 2
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-AUG-21

BANTHIA, VISHAL, MD†

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

8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

BRUMUND, KEVIN, MD

Provider ID: N/A

16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

BUSH, JAMES, MD†

Provider ID: N/A

3805 FRONT ST
SAN DIEGO, CA 92103*
Effective as of 01-AUG-20

CALIFANO, JOSEPH, MD

Provider ID: N/A

16950 VIA TAZON
SAN DIEGO, CA 92127
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

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

CALZADA, AUDREY, MD†

Provider ID: N/A

5405 OBERLIN DR FL 2
SAN DIEGO, CA 92121
Effective as of 01-OCT-22

CALZADA, AUDREY, MD†

Provider ID: N/A

5405 OBERLIN DR
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-OCT-19

CALZADA, AUDREY, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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

200 W ARBOR DR
SAN DIEGO, CA 92103

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

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

200 W ARBOR DR
SAN DIEGO, CA 92103

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

16950 VIA TAZON
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

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

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

GILANI, SAPIDEH, MD

Provider ID: N/A

16950 VIA TAZON
SAN DIEGO, CA 92127

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

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

GUO, THERESA, MD

Provider ID: N/A

8899 UNIVERSITY CENTER
LN


SAN DIEGO, CA 92122

Effective as of 01-MAY-23

GUO, THERESA, MD


Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

 16950 VIA TAZON
SAN DIEGO, CA 92127
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


HARRIS, JEFFREY, MD

Provider ID: N/A

 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
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

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23


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

 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

 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
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


HUSSEMAN, JACOB, MD

Provider ID: N/A

 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-AUG-23


HUSSEMAN, JACOB, MD

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
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
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

C1. Lista de proveedores de la red Médico de atención especializada

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
8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
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

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
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

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

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

Provider ID: N/A
16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

VAHABZADEH-HAGH, ANDREW, MD

Provider ID: N/A
8899 UNIVERSITY CENTER

C1. Lista de proveedores de la red Médico de atención especializada

LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

VAHABZADEH-HAGH, ANDREW, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
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

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

16950 VIA TAZON
SAN DIEGO, CA 92127
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

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

200 W ARBOR DR STE 505
SAN DIEGO, CA 92103
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

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

16950 VIA TAZON
SAN DIEGO, CA 92127
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

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

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

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-22

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

C1. Lista de proveedores de la red Médico de atención especializada

EVORA, DARRYL, 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

📍 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

📍 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

PUGMIRE, BRIAN, MD

Provider ID: N/A

📍 6655 ALVARADO RD

SAN DIEGO, CA 92120
Effective as of 01-FEB-24

PEDIATRICS

ALLSUP, VICTORIA, MD

Provider ID: N/A

📍 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-NOV-23

ALLSUP, VICTORIA, MD

Provider ID: N/A

📍 6973 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

📍 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-FEB-23

GIBONEY, JENNIFER, MD

Provider ID: N/A

📍 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-MAY-23

KATZEN, SETH, DO

Provider ID: N/A

9333 GENESEE AVE STE
350
SAN DIEGO, CA 92121

Effective as of 01-MAR-24

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-AUG-23

CHANG, ENOCH, MD

Provider ID: N/A

6719 ALVARADO RD STE
200
SAN DIEGO, CA 92120

Effective as of 01-SEP-23

GAVRILYUK, OLEG, MD†

Provider ID: N/A

6699 ALVARADO RD STE
2302
SAN DIEGO, CA 92120

Effective as of 01-SEP-20

GAVRILYUK, OLEG, MD†

Provider ID: N/A

6699 ALVARADO RD STE
2302

SAN DIEGO, CA 92120

Effective as of 01-SEP-22

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 3737 MORAGA AVE STE
B103
SAN DIEGO, CA 92117
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

📍 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-JUN-21

ALYAS, ALISIA, PA

Provider ID: N/A

📍 4171 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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-FEB-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

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-OCT-23

HABBOUSH, RANA, PA

Provider ID: N/A

4171 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
Teleservice
Effective as of 01-OCT-23

HO, HOANG HUU, PA

Provider ID: N/A

2418 ULRIC ST
SAN DIEGO, CA 92111
Teleservice

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-OCT-23

HUNTER, JACOB, PA†

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-FEB-22

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

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-NOV-23

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

📍 9339 GENESEE AVE STE
350

SAN DIEGO, CA 92121

Teleservice

Effective as of 01-AUG-22

NGUYEN, THUY-VY, PA†

Provider ID: N/A

📍 9339 GENESEE AVE STE
350

SAN DIEGO, CA 92121

Teleservice

Effective as of 01-MAR-22

NGUYEN, THUY-VY, PA†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-NOV-23

PELIO, DARREN, PA†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-22

PELIO, DARREN, PA†

Provider ID: N/A

3900 5TH AVE STE 110
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

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

PHUNG, AIVI, PA†

Provider ID: N/A

7011 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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-NOV-23

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-JAN-24

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

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

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

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-MAY-23

WEBB, SHANNON, PA

Provider ID: N/A

📍 6605 NANCY RIDGE DR
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-MAR-24

WEIR, JACQUELINE, PA†

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

📍 4168 FRONT ST
SAN DIEGO, CA 92103

C1. Lista de proveedores de la red Médico de atención especializada

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

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

📍 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
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

📍 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
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
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

COLLINS, MICHAEL, DPM†

Provider ID: N/A

📍 9333 GENESEE AVE STE
350A
SAN DIEGO, CA 92121
Effective as of 01-SEP-22

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

C1. Lista de proveedores de la red Médico de atención especializada

-  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
-  6386 ALVARADO CT STE
101
SAN DIEGO, CA 92120
Teleservice
Effective as of 01-SEP-22
JACKSON, CODY, MD
Provider ID: N/A
-  3900 5TH AVE STE 110
SAN DIEGO, CA 92103
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
- 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

C1. Lista de proveedores de la red Médico de atención especializada

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-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-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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

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-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[†]

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

KARANJIA, NAVAZ, MD[†]

Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-FEB-22

C1. Lista de proveedores de la red Médico de atención especializada

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

MORRIS, RAPHAEL, MD

Provider ID: N/A

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-SEP-21

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

TADROS, EMAD, MD†

Provider ID: N/A

📍 4060 4TH AVE STE 102
SAN DIEGO, CA 92103

Effective as of 01-FEB-07

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-JAN-23

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

KARIPPOT, ANOOP, 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-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-JUL-22

NICHOLS, ALPHONSO, MD

Provider ID: N/A

📍 10672 WEXFORD ST STE
280

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92131
Teleservice
Effective as of 01-JAN-23

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
📍 4189 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


**C1. Lista de proveedores de la red
Médico de atención especializada**

 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

 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

 4157 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-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

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

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†
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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

MUNOZ PINEDA, JORGE, MD

Provider ID: N/A

4520 EXECUTIVE DR
SAN DIEGO, CA 92121
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-JAN-21

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

3075 HEALTH CENTER DR
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

CARMONA, RUBEN, MD

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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

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

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 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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

📄 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

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

📄 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

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-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


C1. Lista de proveedores de la red Médico de atención especializada

 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


VAKILIAN, SIAVOSH, MD†
Provider ID: N/A

 5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-JUL-21


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


 330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

YORK, JOHN, MD
Provider ID: N/A


 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

RADIOLOGY DIAGNOSTIC


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


AGANOVIC, LEJLA, MD
Provider ID: N/A

 408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23


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

 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24


BOLAR, DIVYA, MD
Provider ID: N/A

 8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23


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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

CHANG, JENNIFER, MD

Provider ID: N/A

8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

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

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

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

CHO, AARON, MD

Provider ID: N/A

8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

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

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

C1. Lista de proveedores de la red Médico de atención especializada

CHUNG, CHRISTINE, MD

Provider ID: N/A

☐ 408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

CHUNG, CHRISTINE, MD

Provider ID: N/A

☐ 8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
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

☐ 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

DORROS, STEPHEN, MD

Provider ID: N/A

☐ 8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

EAJAZI, ALIREZA, MD†

Provider ID: N/A

☐ 330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-AUG-21

EAJAZI, ALIREZA, MD†

Provider ID: N/A

☐ 200 W ARBOR DR
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

☐ 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

EGHTEDARI, MOHAMMAD, 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

☐ 8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

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

☐ 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
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

C1. Lista de proveedores de la red Médico de atención especializada

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

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

GENTILI, AMILCARE, 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

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

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

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

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

HANDWERKER, JASON, MD

Provider ID: N/A

8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

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

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

HOROWITZ, MICHAEL, MD

Provider ID: N/A

8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

HSIAO, ALBERT, MD

Provider ID: N/A

8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

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

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

C1. Lista de proveedores de la red Médico de atención especializada

HUANG, BRADY, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

HUANG, BRADY, MD

Provider ID: N/A

8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

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

408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

JACOBS, KATHLEEN, MD

Provider ID: N/A

8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
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

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

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

8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
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
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

C1. Lista de proveedores de la red Médico de atención especializada

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

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

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

330 LEWIS ST STE 202
SAN DIEGO, CA 92103
Effective as of 01-AUG-21

KONDILI, DHIMITER, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-21

LAKE, MENORE, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

LAKE, MENORE, MD

Provider ID: N/A

330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

LEE, ROLAND, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

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

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

LIM, VIVIAN, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

MAREK BYKOWSKI, JULIE, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

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

MARKS, ROBERT, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

MARKS, ROBERT, MD

Provider ID: N/A

330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-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

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
SAN DIEGO, CA 92103

C1. Lista de proveedores de la red Médico de atención especializada

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

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

6655 ALVARADO RD
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

MCNAMEE, CAIRINE, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-NOV-21

MCNAMEE, CAIRINE, MD†

Provider ID: N/A

330 LEWIS ST STE 202
SAN DIEGO, CA 92103

Effective as of 01-NOV-21

MURPHY, PAUL, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

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

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

NORBASH, ALEXANDER, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

OBOYLE, MARY, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

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

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

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

OJEDA-FOURNIER, HAYDEE, MD

Provider ID: N/A


6655 ALVARADO RD

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92120
Effective as of 01-FEB-24


PATHRIA, MINI, MD

Provider ID: N/A

 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24


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


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


RAKOW-PENNER, REBECCA, MD

Provider ID: N/A

 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24


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

 200 W ARBOR DR
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

SAMPATH, SRIHARI, MD

Provider ID: N/A

 408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

SAMPATH, SRINATH, MD

C1. Lista de proveedores de la red Médico de atención especializada

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

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-21

SLATER, JERRY, MD†

Provider ID: N/A

330 LEWIS ST STE 202
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

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

SPENGLER, NATHAN, MD

Provider ID: N/A

330 LEWIS ST

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

408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

TAMAYO-MURILLO, DORATHY, MD

Provider ID: N/A

8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

TAMAYO-MURILLO, DORATHY, 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

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

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

5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-SEP-22

VAKILIAN, SIAVOSH, MD†

Provider ID: N/A

3366 5TH AVE
SAN DIEGO, CA 92103
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

330 LEWIS ST STE 202
SAN DIEGO, CA 92103
Effective as of 01-AUG-21

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

4303 LA JOLLA VILLAGE
DR STE 2110

SAN DIEGO, CA 92122

Effective as of 01-DEC-21

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

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, 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

SALCEDO, CARLA, RD

Provider ID: N/A

4910 DIRECTORS PL
SAN DIEGO, CA 92121

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, BARBARA, PT

Provider ID: N/A

9888 CARMEL MOUNTAIN
RD STE D

SAN DIEGO, CA 92129

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

CORTEZ, AARON, PT†

Provider ID: N/A

16950 VIA TAZON
SAN DIEGO, CA 92127

Effective as of 01-JUN-21

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

7525 METROPOLITAN DR
STE 302

SAN DIEGO, CA 92108

Teleservice

Effective as of 01-JAN-21

C1. Lista de proveedores de la red Médico de atención especializada

FARRAR, COURTNEY, PT†

Provider ID: N/A

📍 3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110

Effective as of 01-DEC-22

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-JUN-23

TSAI, CINDY, PT

Provider ID: N/A

📍 3750 CONVOY ST STE 201B
SAN DIEGO, CA 92111

Effective as of 01-AUG-23

VANDEWIELE, EMILY, PT†

Provider ID: N/A

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

Effective as of 01-OCT-21

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

CI. Lista de proveedores de la red Médico de atención especializada

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

📍 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

CALDERON MORALES, ASTRID, SP

Provider ID: N/A

📍 11440 W BERNARDO CT
STE 300
SAN DIEGO, CA 92127
Effective as of 01-APR-24

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

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

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

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

**GONZALEZ MELENDEZ,
ADALICE, SP**

Provider ID: N/A

11440 W BERNARDO CT
STE 300
SAN DIEGO, CA 92127

Effective as of 01-JUN-22

KOUKEYAN, KARIN, SP

Provider ID: N/A

11440 W BERNARDO CT
STE 300
SAN DIEGO, CA 92127

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

7510 CLAIREMONT MESA
BLVD STE 103
SAN DIEGO, CA 92111

Teleservice

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

***SURGERY COLON
SURGERY***

EISENSTEIN, SAMUEL, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-DEC-21

EISENSTEIN, SAMUEL, MD†

CI. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-DEC-21

EISENSTEIN, SAMUEL, MD†

Provider ID: N/A

4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-DEC-21

ISHO, MATHEW, MD†

Provider ID: N/A

4060 4TH AVE STE 510
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

ISHO, MATHEW, MD†

Provider ID: N/A

4060 4TH AVE STE 510
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

ISHO, MATHEW, MD†

Provider ID: N/A

4060 4TH AVE STE 510
SAN DIEGO, CA 92103
Effective as of 01-NOV-11

LOPEZ, NICOLE, MD†

Provider ID: N/A

4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-DEC-21

LOPEZ, NICOLE, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

PARRY, LISA, MD†

Provider ID: N/A

4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-DEC-21

PARRY, LISA, MD†

Provider ID: N/A

16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-APR-21

RAMAMOORTHY, SONIA, MD†

Provider ID: N/A

4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-DEC-21

TOMAN, JEFFREY, MD†

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†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

OLSON, ERIK, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

VENTRO, GEORGE, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

SURGERY GENERAL

ALVORD, PAUL, MD†

Provider ID: N/A

4033 3RD AVE STE 204
SAN DIEGO, CA 92103
Effective as of 01-JAN-19

ARMANI, AVA, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-21

BARNES, RYAN, DO†

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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-JAN-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

JACOBSEN, GARTH, MD†

Provider ID: N/A

4520 EXECUTIVE DR STE 111
SAN DIEGO, CA 92121
Effective as of 01-DEC-21

JACOBSEN, GARTH, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

C1. Lista de proveedores de la red Médico de atención especializada

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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

6719 ALVARADO RD STE
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-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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-23

BOURLAND, BRYAN, DO

Provider ID: N/A

4910 DIRECTORS PL STE
350
SAN DIEGO, CA 92121
Effective as of 01-OCT-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-FEB-23

BURNIKEL, DAVID, MD†

Provider ID: N/A

6719 ALVARADO RD STE
200
SAN DIEGO, CA 92120
Effective as of 01-SEP-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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

6719 ALVARADO RD STE
200
SAN DIEGO, CA 92120
Effective as of 01-JAN-24

DUTTON, PASCUAL, MD

Provider ID: N/A

4910 DIRECTORS PL STE
350
SAN DIEGO, CA 92121
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-NOV-21

GROTTING, JOHN, MD†

Provider ID: N/A

4910 DIRECTORS PL STE
350
SAN DIEGO, CA 92121
Effective as of 01-AUG-23

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

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†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

9333 GENESEE AVE STE
350

SAN DIEGO, CA 92121

Effective as of 01-JUL-23

KIMBALL, MICHAEL, MD†

Provider ID: N/A

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

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-FEB-07

MOHLER, LESTER, MD†

Provider ID: N/A

7485 MISSION VALLEY RD

STE 104A

SAN DIEGO, CA 92108

Effective as of 01-JAN-14

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

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†

C1. Lista de proveedores de la red Médico de atención especializada

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-FEB-17

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-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-SEP-22

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
350A
SAN DIEGO, CA 92121*
Effective as of 01-SEP-20

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-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
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
350A
SAN DIEGO, CA 92121
Effective as of 01-JAN-21

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

SHILLITO, MATTHEW, MD†

Provider ID: N/A

6719 ALVARADO RD STE
200

SAN DIEGO, CA 92120

Effective as of 01-SEP-23

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-AUG-23

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-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
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

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
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-SEP-22

TRADONSKY, STEVEN, MD†

Provider ID: N/A

7485 MISSION VALLEY RD
STE 104A

SAN DIEGO, CA 92108

Effective as of 01-JAN-14

TRADONSKY, STEVEN, MD†

Provider ID: N/A

7485 MISSION VALLEY RD
STE 104A

SAN DIEGO, CA 92108

Effective as of 01-SEP-15

URBAND, LINDSEY, MD†

Provider ID: N/A

8008 FROST ST STE 403
SAN DIEGO, CA 92123

C1. Lista de proveedores de la red Médico de atención especializada

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

4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Effective as of 01-NOV-21

GOSMAN, AMANDA, MD[†]

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

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

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

CI. Lista de proveedores de la red Médico de atención especializada

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 201
SAN DIEGO, CA 92123
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

📍 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 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

📍 3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-JAN-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 202

SAN DIEGO, CA 92123
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

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†

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-JAN-21

DICKS, BRIAN, MD†

Provider ID: N/A

📍 4060 4TH AVE STE 310

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92103
Effective as of 01-SEP-15

DICKS, BRIAN, MD†

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-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

📍 4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

DICKS, BRIAN, MD

Provider ID: N/A

📍 3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

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

📍 11770 BERNARDO PLAZA
CT STE 270

SAN DIEGO, CA 92128
Effective as of 01-FEB-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-JAN-21

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

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 202
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

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


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

CI. Lista de proveedores de la red Médico de atención especializada

 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 201
SAN DIEGO, CA 92123
Effective as of 01-FEB-24


NEUSTEIN, PAUL, 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

 3444 KEARNY VILLA RD
STE 202
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

 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-NOV-22

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-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-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

 3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-SEP-22


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


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†

C1. Lista de proveedores de la red Médico de atención especializada

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

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

3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

SALEM, CAROL, MD

Provider ID: N/A

3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

SALEM, CAROL, 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

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

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-JAN-21

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-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

SANTOMAURO, MICHAEL, MD†

Provider ID: N/A

3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-JUN-21

SHEETZ, TYLER, MD

Provider ID: N/A

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

C1. Lista de proveedores de la red Médico de atención especializada

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-DEC-21

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-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
📍 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 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-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-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
📍 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

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†

C1. Lista de proveedores de la red Médico de atención especializada

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-SEP-19

KOHLI, SANJIVAN, 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-OCT-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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-23

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-NOV-19

KALE, RAHUL, MD†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-JAN-18

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-JAN-18

KOHLI, SANJIVAN, MD†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-JUN-17

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-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
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Teleservice

Effective as of 01-OCT-22

PATEL, JAY, MD†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Teleservice

CI. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-NOV-22

REZVAN, KAVEH, DO[†]

Provider ID: N/A

📍 30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-OCT-20

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

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

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-MAY-21

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-DEC-23

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

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-JAN-23

GVOZDYEV, BORYS, MD[†]

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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
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
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-OCT-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

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-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

LEE, RICHARD, MD

Provider ID: N/A

30230 RANCHO VIEJO RD
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-FEB-20

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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-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†

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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 VALPRED A 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 VALPRED A RD
SAN MARCOS, CA 92069
Effective as of 01-DEC-23


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

C1. Lista de proveedores de la red Médico de atención especializada

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 VALPRED A RD
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

MATEO, MARIE, CRNM†

Provider ID: N/A

150 VALPRED A 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

1595 GRAND AVE STE 100
SAN MARCOS, CA 92078

Effective as of 01-MAR-24

TRAINER, JASON, DC†

Provider ID: N/A

150 VALPRED A RD
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

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-MAR-17

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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 VALPREDA 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 VALPREDA 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-DEC-22

RUBIO GARCIA, MANOLO, MD†

Provider ID: N/A

955 BOARDWALK STE 100
SAN MARCOS, CA 92078

Effective as of 01-MAY-23

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 VALPREDA 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-JAN-21

FRAKES, LAURIE, MD†

Provider ID: N/A

838 NORDAHL RD STE 300
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-OCT-22

MCCLAY, EDWARD, MD†

Provider ID: N/A

838 NORDAHL RD STE 300
SAN MARCOS, CA 92069

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†

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

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

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-MAR-24

PHAM, ALISE, DO

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069

C1. Lista de proveedores de la red Médico de atención especializada

Teleservice

Effective as of 01-AUG-23

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-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

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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, BARBARA, PT

Provider ID: N/A

📄 935 W SAN MARCOS BLVD
STE 102
SAN MARCOS, CA 92078
Effective as of 01-JAN-24

BOUTELLE, DAVID, 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

📄 2115 MONTIEL RD STE 103
SAN MARCOS, CA 92069
Effective as of 01-JAN-24

RHEUMATOLOGY

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†

CI. Lista de proveedores de la red Médico de atención especializada

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

334 VIA VERA CRUZ STE 251
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-OCT-21

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-JUL-22

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-JAN-21

AIZIN, VITALI, MD†

Provider ID: N/A

4630 BORDER VILLAGE RD
STE H
SAN YSIDRO, CA 92173

Effective as of 01-FEB-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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

***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-JUL-22

**DANESHMAND, SHAHRAM,
MD†**

Provider ID: N/A

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-SEP-21

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

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

CI. Lista de proveedores de la red Médico de atención especializada

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†

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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-AUG-08

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JUL-22

GILBOA, RUTH, MD†

Provider ID: N/A

530 LOMAS SANTA FE DR
STE D
SOLANA BEACH, CA 92075
Effective as of 01-JUN-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

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-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

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-MAR-16

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 D
SOLANA BEACH, CA 92075
Effective as of 01-JUL-22

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-SEP-22

ENDOCRINOLOGY

METABOLISM DIABETES

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-22

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

📍 26960 CHERRY HILLS
BLVD
SUN CITY, CA 92586

Effective as of 01-FEB-11

RAGHUWANSHI, NAISHADH, MD†

Provider ID: N/A

📍 26960 CHERRY HILLS
BLVD
SUN CITY, CA 92586

Effective as of 01-SEP-09

**C1. Lista de proveedores de la red
Médico de atención especializada**

***MARRIAGE FAMILY
THERAPIST***

PORTER, TERRY, MFT†

Provider ID: N/A

📍 28125 BRADLEY RD STE 220
SUN CITY, CA 92586

Effective as of 01-JAN-23

PORTER, TERRY, MFT†

Provider ID: N/A

📍 28125 BRADLEY RD STE 220
SUN CITY, CA 92586

Effective as of 01-JAN-23

NEPHROLOGY

ISHAK, SALAM, MD†

Provider ID: N/A

📍 28125 BRADLEY RD STE 270
SUN CITY, CA 92586

Effective as of 01-JUN-12

ISHAK, SALAM, MD†

Provider ID: N/A

📍 28125 BRADLEY RD STE 270
SUN CITY, CA 92586

Effective as of 01-SEP-12

OPHTHALMOLOGY

JACOBSON, ARTHUR, MD†

Provider ID: N/A

📍 29826 HAUN RD STE 100
SUN CITY, CA 92586

Effective as of 01-JUL-23

LEE, JOHN, MD†

Provider ID: N/A

📍 28125 BRADLEY RD STE 189
SUN CITY, CA 92586

Effective as of 01-FEB-11

OPTOMETRIST

LANE, KEVIN, OD†

Provider ID: N/A

📍 29826 HAUN RD STE 100
SUN CITY, CA 92586

Effective as of 01-JUL-23

RADIOLOGY DIAGNOSTIC

BURROUGHS, GLORIA, MD†

Provider ID: N/A

📍 26870 CHERRY HILLS
BLVD
SUN CITY, CA 92586

Effective as of 01-OCT-17

BURROUGHS, GLORIA, MD†

Provider ID: N/A

📍 26870 CHERRY HILLS
BLVD
SUN CITY, CA 92586

Effective as of 01-OCT-17

BURROUGHS, GLORIA, MD†

Provider ID: N/A

📍 26870 CHERRY HILLS
BLVD
SUN CITY, CA 92586

Effective as of 01-OCT-17

ALLERGY IMMUNOLOGY

GUPTA, SAMEER, MD†

Provider ID: N/A

📍 41715 WINCHESTER RD STE
206
TEMECULA, CA 92590

Effective as of 01-DEC-21

GUPTA, SAMEER, MD†

Provider ID: N/A

📍 41715 WINCHESTER RD STE
206
TEMECULA, CA 92590

Effective as of 01-FEB-15

GUPTA, SAMEER, MD†

Provider ID: N/A

📍 41715 WINCHESTER RD STE
206

TEMECULA, CA 92590

Effective as of 01-JAN-16

GUPTA, SAMEER, MD†

Provider ID: N/A

📍 41715 WINCHESTER RD STE
206

TEMECULA, CA 92590

Effective as of 01-JUL-23

ANESTHESIOLOGY

DORAISWAMY, ARUL, MD†

Provider ID: N/A

📍 28975 OLD TOWN FRONT
ST STE 200

TEMECULA, CA 92590

Effective as of 01-JUL-17

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 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

C1. Lista de proveedores de la red Médico de atención especializada

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-JUN-21

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

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

27450 YNEZ RD STE 109
TEMECULA, CA 92591

Effective as of 01-MAR-22

ALFAY, WISAM, MD

Provider ID: N/A

28780 SINGLE OAK DR STE
290
TEMECULA, CA 92590

Effective as of 01-JAN-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

ATTIA, NADER, DO†

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

Effective as of 01-JUL-22

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

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

C1. Lista de proveedores de la red Médico de atención especializada

BEDFORD, RONALD, NPT

Provider ID: N/A

44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

BEDFORD, RONALD, NPT

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, NPT

Provider ID: N/A

44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-22

HUERTA, CARMEN, NPT

Provider ID: N/A

44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-OCT-22

HUERTA, CARMEN, NPT

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, NPT

Provider ID: N/A

29645 RANCHO
CALIFORNIA RD STE 213
TEMECULA, CA 92591*
Effective as of 01-NOV-22

ONUOHA, NOJA, NPT

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, NPT

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 201
TEMECULA, CA 92592
Effective as of 01-AUG-22

THOMAS, STEPHEN, NPT

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 201
TEMECULA, CA 92592
Effective as of 01-MAR-21

THOMAS, STEPHEN, NPT

C1. Lista de proveedores de la red Médico de atención especializada

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†

Provider ID: N/A

41840 ENTERPRISE CIR N
TEMECULA, CA 92590
Effective as of 01-JUL-22

FARSHLER, ANTHONY, DC†

Provider ID: N/A

41840 ENTERPRISE CIR N
TEMECULA, CA 92590
Effective as of 01-NOV-23

FARSHLER, ANTHONY, DC†

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†

Provider ID: N/A

44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-JAN-22

KHERADMANT, SHIVA, DO†

Provider ID: N/A

44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-21

KHERADMANT, SHIVA, DO†

Provider ID: N/A

44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-21

KHERADMANT, SHIVA, DO†

Provider ID: N/A

44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-21

KHERADMANT, SHIVA, DO†

Provider ID: N/A

44605 AVENIDA DE

MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-21

KHERADMANT, SHIVA, DO†

Provider ID: N/A

44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-APR-22

KHERADMANT, SHIVA, DO†

Provider ID: N/A

44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-APR-22

MITCHELL, JESSE, MD†

Provider ID: N/A

31150 TEMECULA PKWY
STE 104
TEMECULA, CA 92592
Effective as of 01-FEB-22

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-JUL-21

MITCHELL, JESSE, MD†

Provider ID: N/A

31150 TEMECULA PKWY
STE 104
TEMECULA, CA 92592
Effective as of 01-OCT-20

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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-APR-24

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


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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-22

ALTRIKI, MOHAMAD, MD†

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 201
TEMECULA, CA 92592
Effective as of 01-MAR-21

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-JUL-18

YU, JERRY, MD†

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 201
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-MAR-21

YU, JERRY, MD†

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 201
TEMECULA, CA 92592
Effective as of 01-AUG-18

**INTERNAL MEDICINE
CRITICAL CARE MEDICINE**

SALEK, MUNIF, MD†

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-APR-23

**VALDEZ-HERNANDEZ, ISRAEL,
LCSW†**

Provider ID: N/A

29645 RANCHO 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†**

**C1. Lista de proveedores de la red
Médico de atención especializada**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213 TEMECULA, CA 92591

Effective as of 01-JAN-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-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-JUL-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

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

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†

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-OCT-21

DELANEY, MICHAEL, MD†

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 104
TEMECULA, CA 92592

Teleservice

Effective as of 01-MAY-23

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

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†

C1. Lista de proveedores de la red Médico de atención especializada

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

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-NOV-20

BEKENDAM, PAMELA, MD†

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-NOV-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-NOV-08

BURNS, RICHARD, MD†

Provider ID: N/A

41637 MARGARITA RD STE
100
TEMECULA, CA 92591
Effective as of 01-SEP-09

BURNS, RICHARD, MD†

Provider ID: N/A

41637 MARGARITA RD STE
100
TEMECULA, CA 92591
Effective as of 01-JUL-23

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-APR-24

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-SEP-17

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, AARON, MD†

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110

TEMECULA, CA 92590
Effective as of 01-NOV-20

SAVAR, LOUIS, 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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

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

BARR, AUSTIN, OD

Provider ID: N/A

41637 MARGARITA RD STE
100
TEMECULA, CA 92591
Effective as of 01-MAR-23

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-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

FARAMARZI, FARNAZ, OD

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-DEC-23

LANE, KEVIN, OD†

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

C1. Lista de proveedores de la red Médico de atención especializada

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
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-JAN-22

ULIBARRI, MATTHEW, OD†

Provider ID: N/A
☑ 41637 MARGARITA RD STE
100
TEMECULA, CA 92591
Effective as of 01-JUL-23

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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-22

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

PSYCHIATRY

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

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†

C1. Lista de proveedores de la red Médico de atención especializada

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-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-OCT-23

KANUKUNTLA, TULASI, MD†

Provider ID: N/A

29645 RANCHO
CALIFORNIA RD STE 213

TEMECULA, CA 92591
Effective as of 01-AUG-22

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-SEP-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-AUG-22

PUCHAKAYALA, NANDITA, MD†

Provider ID: N/A

29645 RANCHO
CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-SEP-23

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

THODE, LAURA, PSYD

Provider ID: N/A

41840 ENTERPRISE CIR N
TEMECULA, CA 92590
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

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

**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
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
Effective as of 01-JUL-23

HANSON, ADRIENNE, PT

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
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




















27699 JEFFERSON AVE STE
202
TEMECULA, CA 92590
Effective as of 01-JUL-23

HORN, TREVOR, PT†

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592

**C1. Lista de proveedores de la red
Médico de atención especializada**

Effective as of 01-APR-20	Provider ID: N/A	TEMECULA, CA 92590
HORN, TREVOR, PT†	 31515 RANCHO PUEBLO RD	Effective as of 01-NOV-21
Provider ID: N/A	STE 101	
 31515 RANCHO PUEBLO RD	TEMECULA, CA 92592	SIVA, ANDREW, PT†
STE 101	Effective as of 01-MAY-23	Provider ID: N/A
TEMECULA, CA 92592		 29645 RANCHO
Effective as of 01-APR-20	SABIN, SCOTT, PT†	CALIFORNIA RD STE 4
	Provider ID: N/A	TEMECULA, CA 92591
HORN, TREVOR, PT†	 31515 RANCHO PUEBLO RD	Effective as of 01-JUN-21
Provider ID: N/A	STE 101	
 27699 JEFFERSON AVE STE	TEMECULA, CA 92592	SIVA, ANDREW, PT†
202	Effective as of 01-FEB-19	Provider ID: N/A
TEMECULA, CA 92590		 29645 RANCHO
Effective as of 01-APR-20	SABIN, SCOTT, PT†	CALIFORNIA RD STE 4
	Provider ID: N/A	TEMECULA, CA 92591
HORN, TREVOR, PT†	 31515 RANCHO PUEBLO RD	Effective as of 01-JUN-21
Provider ID: N/A	STE 101	
 27699 JEFFERSON AVE STE	TEMECULA, CA 92592	SIVA, ANDREW, PT†
202	Effective as of 01-FEB-19	Provider ID: N/A
TEMECULA, CA 92590		 29645 RANCHO
Effective as of 01-APR-20	SIVA, ANDREW, PT†	CALIFORNIA RD STE 234
	Provider ID: N/A	TEMECULA, CA 92591
ROLTSCH, IAN, PT	 31515 RANCHO PUEBLO RD	Effective as of 01-NOV-21
Provider ID: N/A	STE 101	
 27699 JEFFERSON AVE STE	TEMECULA, CA 92592	SIVA, ANDREW, PT†
202	Effective as of 01-JUN-21	Provider ID: N/A
TEMECULA, CA 92590		 29645 RANCHO
Effective as of 01-MAY-23	SIVA, ANDREW, PT†	CALIFORNIA RD STE 234
	Provider ID: N/A	TEMECULA, CA 92591
ROLTSCH, IAN, PT	 31515 RANCHO PUEBLO RD	Effective as of 01-NOV-21
Provider ID: N/A	STE 101	
 27699 JEFFERSON AVE STE	TEMECULA, CA 92592	VIZCARRA, DAVID, PT†
202	Effective as of 01-JUN-21	Provider ID: N/A
TEMECULA, CA 92590		 29645 RANCHO
Effective as of 01-MAY-23	SIVA, ANDREW, PT†	CALIFORNIA RD STE 234
	Provider ID: N/A	TEMECULA, CA 92591
ROLTSCH, IAN, PT	 27699 JEFFERSON AVE STE	Effective as of 01-JUN-20
Provider ID: N/A	202	
 31515 RANCHO PUEBLO RD	TEMECULA, CA 92590	VIZCARRA, DAVID, PT†
STE 101	Effective as of 01-NOV-21	Provider ID: N/A
TEMECULA, CA 92592		 29645 RANCHO
Effective as of 01-MAY-23	SIVA, ANDREW, PT†	CALIFORNIA RD STE 234
	Provider ID: N/A	TEMECULA, CA 92591
ROLTSCH, IAN, PT	 27699 JEFFERSON AVE STE	Effective as of 01-JUN-20
	202	

CI. Lista de proveedores de la red Médico de atención especializada

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, CHANDRAKANT, 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-JUL-23

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

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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-MAY-22

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-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

BARRERA, KAYLENE, MD†


Provider ID: N/A

 31537 RANCHO PUEBLO
RD STE 202

TEMECULA, CA 92592
Effective as of 01-SEP-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-SEP-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


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-SEP-15


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†

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-APR-22

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

C1. Lista de proveedores de la red Médico de atención especializada

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-16


GORSKI, TITO, MD†

Provider ID: N/A

 31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-22


GORSKI, YARA, 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-SEP-16


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


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
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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, 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

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

***SURGERY GENERAL
VASCULAR***

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

GORSKI, YARA, MD†

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

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 RD STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-21

NAFIU, BOLAJI, 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

C1. Lista de proveedores de la red Médico de atención especializada

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

TIU, BRIAN, MD†

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592

Effective as of 01-APR-22

WANG, XIUJIE, 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

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-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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JUN-21

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-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-JUL-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-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

Effective as of 01-JUL-23

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-JUN-21

KELLEY, STEVEN, MD


Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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-JUL-23


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


ROBINSON, MATTHEW, DO†

Provider ID: N/A

 40949 WINCHESTER RD
TEMECULA, CA 92591
Effective as of 01-JUN-21

ROGHANI, REZA, MD

Provider ID: N/A

 40949 WINCHESTER RD
TEMECULA, CA 92591*

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JAN-24

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-AUG-23

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-FEB-24

AGUEY, OMAR, PA†

Provider ID: N/A

28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082

Effective as of 01-DEC-20

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-OCT-21

ALVAREZ, LISA, NP

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083
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

134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-FEB-24

BAEK, KILHYO, NP

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084
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
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

1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24

CHRISTY, TYLER, NPF


Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

 134 GRAPEVINE RD
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

 517 N HORNE ST
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

 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


HALGEDAHL, YI, NP

Provider ID: N/A

 1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-21


HALGEDAHL, YI, NP

Provider ID: N/A

 134 GRAPEVINE RD
VISTA, CA 92083
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


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


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

 1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-APR-24


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


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

 1000 VALE TERRACE DR
VISTA, CA 92084

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-24

NAVA, PETER, NP

Provider ID: N/A

📍 1000 VALE TERRACE DR
VISTA, CA 92084

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

📍 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

C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-21

CORTEZ, JAIME, 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

1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

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

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

JU, NATHANIEL, DC†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-OCT-21

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
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

C1. Lista de proveedores de la red Médico de atención especializada

 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

 1000 VALE TERRACE DR
VISTA, CA 92084*
Effective as of 01-NOV-23


DONNELL, MARTI, MD

Provider ID: N/A

 134 GRAPEVINE RD
VISTA, CA 92083*
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

 134 GRAPEVINE RD
VISTA, CA 92083*
Effective as of 01-AUG-22

VIDAL, MONICA, DO[†]


Provider ID: N/A

 1000 VALE TERRACE DR
VISTA, CA 92084*
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

 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

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-22

MARJON, PHILIP, MD†

Provider ID: N/A

2067 W VISTA WAY STE 295
VISTA, CA 92083*

Effective as of 01-APR-23

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

RUBENZIK, 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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

134 GRAPEVINE RD
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-24

ACOSTA, AZUCENA, LCSW

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

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

1000 VALE TERRACE DR
VISTA, CA 92084

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

SANCHEZ, ADRIANA, LCSW

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

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

SMITH, SONYA, LCSW

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

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


WILSON, CARLENE, LCSW

Provider ID: N/A


C1. Lista de proveedores de la red Médico de atención especializada

 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-JUL-22


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-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-SEP-14

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-JUL-22


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-MAR-18


KARANIKKIS, CHRISTOS, DO†
Provider ID: N/A

 1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22


KARANIKKIS, CHRISTOS, DO†
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

LEON, JOSUE, MD†
Provider ID: N/A

 1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JAN-24

LEONARD, LISA, MD†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

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

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-FEB-21

CHEN, HEATHER, MD†

Provider ID: N/A

2067 W VISTA WAY STE 120
VISTA, CA 92083

Effective as of 01-NOV-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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-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-OCT-21

GEE, JENNIFER, OD

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

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-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

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

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

1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-SEP-22

C1. Lista de proveedores de la red Médico de atención especializada

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-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

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-OCT-21

WEAVER, APRIL, PA

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-OCT-21

PODIATRIST

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

MILLER, JULIE, DPM

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-APR-24

MILLER, JULIE, DPM

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-FEB-24

**C1. Lista de proveedores de la red
Médico de atención especializada**

**PREVENTATIVE MEDICINE
GENERAL**

DEPORTO, TANYA, MD

Provider ID: N/A

1000 VALE TERRACE DR
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

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

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

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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, DAVID, PT

Provider ID: N/A

📍 2067 W VISTA WAY STE 185
VISTA, CA 92083

Effective as of 01-FEB-24

BOUTELLE, BARBARA, PT

Provider ID: N/A

📍 2067 W VISTA WAY STE 185
VISTA, CA 92083

Effective as of 01-JAN-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-SEP-21

ANSARI, RASHAD, MD†

Provider ID: N/A

📍 2023 W VISTA WAY STE J
VISTA, CA 92083

Effective as of 01-JUL-22

BEJKO, ETLEVA, MD†

Provider ID: N/A

📍 2023 W VISTA WAY STE H
VISTA, CA 92083

Teleservice

Effective as of 01-JUL-21

BEJKO, ETLEVA, 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
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

C1. Lista de proveedores de la red Médico de atención especializada

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, 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

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

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-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
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-JAN-23

NEPHROLOGY

CHANG, DAVID, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307

WILDOMAR, CA 92595

**C1. Lista de proveedores de la red
Médico de atención especializada**

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 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-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 308
WILDOMAR, CA 92595

Effective as of 01-MAY-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 308
WILDOMAR, CA 92595

Effective as of 01-JUL-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
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

NANDI, SHANKHA, DO

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595

Effective as of 01-DEC-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-AUG-20

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-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 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

WANG, WENG-LIH, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 308
WILDOMAR, CA 92595
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 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
Effective as of 01-JAN-20

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

WANG, WENG-LIH, MD

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JUN-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-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
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

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-SEP-23

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-AUG-22

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-SEP-23

CHUNG, ARTHUR, 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-DEC-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-JUN-23

KANG, JOSEPH, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 207

WILDOMAR, CA 92595

Effective as of 01-JUN-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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

STE 105
WILDOMAR, CA 92595
Effective as of 01-AUG-23

RHA, JANICE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 105
WILDOMAR, CA 92595
Effective as of 01-MAR-19

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-MAR-19

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
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-MAY-22

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

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

31537 RANCHO PUEBLO
RD
STE 202
WILDOMAR, CA 92595
Effective as of 01-MAY-22

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-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

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-DEC-20

ATCHISON, MARVIN, MD†

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-SEP-22

BARRERA, KAYLENE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-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-MAY-22

BARRERA, KAYLENE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-MAY-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 101A
WILDOMAR, CA 92595
Effective as of 01-APR-22

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
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAY-22

ESSIEN, FRANCIS, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A

**C1. Lista de proveedores de la red
Médico de atención especializada**

WILDOMAR, CA 92595
Effective as of 01-MAY-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
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

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-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 101A

WILDOMAR, CA 92595
Effective as of 01-APR-22

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
Effective as of 01-MAY-22

KARMUR, AMIT, DO†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101

WILDOMAR, CA 92595
Effective as of 01-SEP-22

KARMUR, AMIT, DO†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101

WILDOMAR, CA 92595
Effective as of 01-DEC-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

KARMUR, AMIT, DO[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-JAN-22

LEE, JENNY, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAR-19

MAC, OLIVIA, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-DEC-22

MAC, OLIVIA, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-APR-23

MAC, OLIVIA, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAR-23

MAC, OLIVIA, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAR-23

NAFIU, BOLAJI, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

Effective as of 01-FEB-23

Effective as of 01-APR-20

NAFIU, BOLAJI, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

Effective as of 01-DEC-19

NAFIU, BOLAJI, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595

Effective as of 01-SEP-22

NAFIU, BOLAJI, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

Effective as of 01-JAN-20

NOURI, SARVENAZ, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

Effective as of 01-JAN-23

NOURI, SARVENAZ, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

Effective as of 01-JAN-23

NOURI, SARVENAZ, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

NOURI, SARVENAZ, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

Effective as of 01-NOV-22

NOURI, SARVENAZ, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

Effective as of 01-NOV-22

TIU, BRIAN, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595

Effective as of 01-SEP-22

TIU, BRIAN, MD[†]

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595

Effective as of 01-AUG-18

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

WANG, XIUJIE, MD[†]

**C1. Lista de proveedores de la red
Médico de atención especializada**

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAR-20

***SURGERY GENERAL
VASCULAR***

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 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 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-MAY-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-JUL-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

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-JAN-22

NAFIU, BOLAJI, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-DEC-21

NAFIU, BOLAJI, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A

WILDOMAR, CA 92595
Effective as of 01-MAY-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

TIU, BRIAN, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAY-22

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 101
WILDOMAR, CA 92595
Effective as of 01-APR-22

TIU, BRIAN, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-APR-22

C1. Lista de proveedores de la red Médico de atención especializada

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. Centros de enfermería especializada (SNF)



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. Centros de enfermería especializada (SNF)



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. Centros de enfermería especializada (SNF)

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. Centros de enfermería especializada (SNF)

**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. Centros de enfermería especializada (SNF)

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. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


ALPINE

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

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

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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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 FAMILY MEDICINE


 Website: 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

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

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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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


YSIDRO HEALTH ALPINE
FAMILY MEDICINE

 Website: 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 Languages(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

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 92008-1950

 Phone: 760-736-6767

 After Hours Phone:
760-736-6767

License Number: PA53036

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

 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):


 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

CARLSBAD

TRUECARE


Provider ID: 480120

 1295 CARLSBAD VILLAGE
DR, STE 100
CARLSBAD, CA 92008-1950

 Phone: 760-736-6767

TRUECARE

Provider ID: 480120

 1295 CARLSBAD VILLAGE
DR, STE 100
CARLSBAD, CA 92008-1950

 Phone: 760-736-6767

Fax: 760-720-7204

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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: 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

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

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


CHULA VISTA FAMILY HLTH CTR


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 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


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

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
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: A114893

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: A106103
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: 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

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

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

SAN YSIDRO HEALTH CHULA VISTA






Provider ID: 427322
 678 3RD AVE
CHULA VISTA, CA
91910-5736
 Phone: 619-662-4100
 After Hours Phone:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


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

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

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

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: 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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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

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: 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: 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

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

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



CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355



251 LANDIS AVE
CHULA VISTA, CA
91910-2628

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


 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

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

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

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

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

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: PT291706

NPI: 1134155377

Accepting New Patients: Yes


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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



 Site Languages(s) Spoken:
Spanish

Cultural Competency: No

American Sign Language (ASL):
N

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


 *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: DPM4819

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: NM792

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: G78814

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: NP23687

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: NP10943

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*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

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

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322



678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100






After Hours Phone:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


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

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

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

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: 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

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

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


SAN YSIDRO HEALTH CHULA VISTA

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

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

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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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: 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

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

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

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

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: 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

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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal



D1. Clínicas de salud con calificación federal

 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: 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

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

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
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: 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

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

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322





 678 3RD AVE
CHULA VISTA, CA
91910-5736

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal






 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

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

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







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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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: G74728

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: 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: 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: G80234

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: NP12112

NPI: 1598122871

Accepting New Patients: Yes



Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):
N


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


 *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: NP95015413

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: PA54404

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*

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*

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: 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*

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*

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355



 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 *Phone: 619-515-2500*






 *After Hours Phone:*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal






D1. Clínicas de salud con calificación federal

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





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

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 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: 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

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

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:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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*



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*





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*

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
 *Website: www.ihpsocal.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*

OTAY FAMILY HEALTH CLINIC







Provider ID: 314546
 1637 3RD AVE STE H
CHULA VISTA, CA
91911-5823

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal







 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

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
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






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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


Medical Group/IPA: CHULA
VISTA PEDIATRICS

 Website: 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

 Website: 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

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

 Website: 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

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

Email: 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


Email:

MARTHAO@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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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







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



EL CAJON

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

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

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


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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC

 Website: 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

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

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

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

 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: 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

FAMILY HLTH CTR SAN DIEGO-EL CAJON





Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498







D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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







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







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







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






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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


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: A158569

NPI: 1134144165

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

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: 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

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

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: 619-515-2499

 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

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):

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

 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: 619-401-0404

 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: 619-401-0404

 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: 619-873-8940

 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

 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. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

 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

 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

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

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

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

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

FAMILY HLTH CTR SAN


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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

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: 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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


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: 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
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: 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

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

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

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

 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: A83390

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: 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: 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

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


FAMILY HLTH CTR SAN DIEGO-EL CAJON


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

 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: 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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


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: 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-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: 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

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

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

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
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: A107093

NPI: 1134155377

Accepting New Patients: Yes

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *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: 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*

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*



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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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: 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: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: Yes

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: CHASE AVENUE FAMILY HEALTH CTRS INC

 Website: www.fhcsd.org

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


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

 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):
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: 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

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

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: 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

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:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal






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

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

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
License Number: NP95009329
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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

 *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

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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal






 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 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: A101773
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: A101888
NPI: 1598122871
Accepting New Patients: Yes
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish, Tagalog
Cultural Competency: No
American Sign Language (ASL):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON</i></p> <p> <i>Website: N/A</i></p> <p>SAN YSIDRO HEALTH EL CAJON</p> <p><i>Provider ID: 569910</i></p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020-5714</p> <p> <i>Phone: 619-662-4100</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><input type="checkbox"/> <i>Site English Spoken: Yes</i></p> <p><input type="checkbox"/> <i>Site Languages(s) Spoken: Spanish, Tagalog</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 EL CAJON</i></p> <p> <i>Website: N/A</i></p> <p>SAN YSIDRO HEALTH EL CAJON</p> <p><i>Provider ID: 569910</i></p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020-5714</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: 20A10964</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <i>Site English Spoken: Yes</i></p> <p><input type="checkbox"/> <i>Site Languages(s) Spoken:</i></p>	<p><i>Spanish, Tagalog</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 EL CAJON</i></p> <p> <i>Website: N/A</i></p> <p>SAN YSIDRO HEALTH EL CAJON</p> <p><i>Provider ID: 569910</i></p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020-5714</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: 550002514</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <i>Site English Spoken: Yes</i></p> <p><input type="checkbox"/> <i>Site Languages(s) Spoken: Spanish, Tagalog</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 EL CAJON</i></p> <p> <i>Website: N/A</i></p> <p>LA MAESTRA FAMILY CLINIC INC</p> <p><i>Provider ID: 185267</i></p> <p> 165 S 1ST ST EL CAJON, CA 92019-4795</p> <p> <i>Phone: 619-312-0347</i></p> <p> <i>After Hours Phone: 619-312-0347</i></p> <p><i>License Number: 20A14222</i></p>	<p><i>NPI: 1609849074</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <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>LA MAESTRA FAMILY CLINIC INC</p> <p><i>Provider ID: 185267</i></p> <p> 165 S 1ST ST EL CAJON, CA 92019-4795</p> <p> <i>Phone: 619-269-1262</i></p> <p> <i>After Hours Phone: 619-269-1262</i></p> <p><i>License Number: C55979</i></p> <p><i>NPI: 1609849074</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <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>SAN YSIDRO HEALTH EL CAJON</p> <p><i>Provider ID: 569910</i></p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020</p> <p> <i>Phone: (619) 662-4100</i></p> <p><i>Fax: (619) 785-3356</i></p>
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D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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

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

Email: 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
Email: janellek@fhcsd.org


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

FOUNDATION

 Website: N/A

Email:

iselaocchoa@borregohealth.org

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

165 S 1ST ST
EL CAJON, CA 92019

Phone: (619) 312-0347

Fax: (619) 749-5480

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

Email:

aschmaltz@lamaestra.org

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: 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

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: PA19437

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: NP21368

NPI: 1598122871


Accepting New Patients: Yes

Site English Spoken: Yes
Cultural Competency: No






American Sign Language (ASL):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal





D1. Clínicas de salud con calificación federal

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. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


Medical Group/IPA: IHP of
Southern Cal-PHP
 Website: N/A

ESCONDIDO

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:
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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

 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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

NEIGHBORHOOD HEALTHCARE PEDS 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 PEDS AND
PRENATAL

Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE PEDS 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 PEDS 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

 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

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

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

NEIGHBORHOOD

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

HEALTHCARE GRAND AVE

Website: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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


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:


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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: 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




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

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




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



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

NEIGHBORHOOD HEALTHCARE ESCONDIDO







Provider ID: 206270
 460 N ELM ST
ESCONDIDO, CA
92025-3002
 Phone: 760-520-8100

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal







D1. Clínicas de salud con calificación federal

 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):
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: A82173
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: 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 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: DC12036
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: DC28605
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: G61829
NPI: 1598122871
Accepting New Patients: Yes
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal




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
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

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



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
FOUNDTION
 Website: N
Email:
iselaocha@borregohealth.org

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL): 737-6900
N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: N/A

NEIGHBORHOOD HEALTHCARE PEDIATRIC 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

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)

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 PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP

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

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

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 Language(s) Spoken: Spanish

Cultural Competency: No




American Sign Language (ASL): N



D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal




 *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: 760-451-4720*
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: 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*

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


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


 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: 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: 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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


 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: 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

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

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 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

IMPERIAL BEACH

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *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

 *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*

LA MESA

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 91942-3135

 *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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal




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
 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
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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: NEIGHBORHOOD HEALTHCARE LAKESIDE
 *Website: 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*

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*

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*

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*

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*







LEMON GROVE

LEMON GROVE FAMILY HEALTH CENTER







Provider ID: 419139

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal







D1. Clínicas de salud con calificación federal

 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: 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: 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: 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: 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: A148014
NPI: 1134155377
Accepting New Patients: Yes
 Site English Spoken: Yes
Cultural Competency: No

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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

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: 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: 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: 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: 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: 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: LEMON GROVE FAMILY HEALTH CENTER

 *Website: N/A*

LEMON GROVE FAMILY

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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): 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: RN428876

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: PA56072

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: 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: NP95009933

NPI: 1134155377

Accepting New Patients: Yes

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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: NP95008782


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: 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

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
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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: C174771

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: C172318

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: 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

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): 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

Fax: 619-825-9577

After Hours Phone:
619-515-2550

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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
91945-1604

 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: 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: 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

 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


NATIONAL CITY

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


American Sign Language (ASL): NPI: 1609849074

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC INC


 Website: 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

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: A123929

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

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: 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

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518

 Phone: 619-280-4213

 After Hours Phone:
619-280-4213

License Number: A167184

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

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):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH SOUTH BAY

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SOUTH BAY

Provider ID: 361428
























D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 330 E 8TH ST NATIONAL CITY, CA 91950-2312  Phone: 619-662-4100  After Hours Phone: 619-662-4100 License Number: A133539 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 SOUTH BAY  Website: www.ihpsocal.org	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	Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC  Website: 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 PROVIDER Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC  Website: 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	SAN YSIDRO HEALTH SOUTH BAY Provider ID: 361428  330 E 8TH ST NATIONAL CITY, CA 91950-2312  Phone: 619-662-4100 Fax: 619-259-2807  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 SOUTH BAY  Website: www.ihpsocal.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	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: G71855 NPI: 1598122871 Accepting New Patients: Yes  Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal







<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p>Medical Group/IPA: SAN YSIDRO HEALTH SOUTH BAY</p> <p> <i>Website: www.ihpsocal.org</i></p>	<p>844-200-2426</p> <p>License Number: NP95000203</p> <p>NPI: 1801907449</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> <i>Site English Spoken: Yes</i></p> <p><input type="checkbox"/> <i>Site Languages(s) Spoken: Tagalog, Lao, Spanish</i></p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL):</p>	<p>mahan.org</p>
<p>OPERATION SAMAHAN - NATIONAL C</p> <p>Provider ID: 417102</p> <p> 2743 HIGHLAND AVE NATIONAL CITY, CA 91950-7410</p> <p> <i>Phone: 844-200-2426</i></p> <p><i>Fax: 619-474-3919</i></p> <p> <i>After Hours Phone: 844-200-2426</i></p> <p>License Number: 90000183</p> <p>NPI: 1801907449</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> <i>Site English Spoken: Yes</i></p> <p><input type="checkbox"/> <i>Site Languages(s) Spoken: Tagalog, Lao, Spanish</i></p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL):</p>	<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p>Medical Group/IPA: OPERATION SAMAHAN - NATIONAL C</p> <p> <i>Website: www.operationsa mahan.org</i></p>	<p>OPERATION SAMAHAN - NATIONAL C</p> <p>Provider ID: 417102</p> <p> 2743 HIGHLAND AVE NATIONAL CITY, CA 91950-7410</p> <p> <i>Phone: 844-200-2426</i></p> <p><i>Fax: 619-474-3919</i></p> <p> <i>After Hours Phone: 844-200-2426</i></p> <p>NPI: 1801907449</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> <i>Site English Spoken: Yes</i></p> <p><input type="checkbox"/> <i>Site Languages(s) Spoken: Tagalog, Lao, Spanish</i></p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL):</p>
<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p>Medical Group/IPA: OPERATION SAMAHAN - NATIONAL C</p> <p> <i>Website: www.operationsa mahan.org</i></p>	<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p>Medical Group/IPA: OPERATION SAMAHAN - NATIONAL C</p> <p> <i>Website: www.operationsa mahan.org</i></p>	<p>OPERATION SAMAHAN - NATIONAL C</p> <p>Provider ID: 417102</p> <p> 2743 HIGHLAND AVE NATIONAL CITY, CA 91950-7410</p> <p> <i>Phone: 844-200-2426</i></p> <p><i>After Hours Phone: 844-200-2426</i></p> <p>License Number: NP22974</p> <p>NPI: 1801907449</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> <i>Site English Spoken: Yes</i></p> <p><input type="checkbox"/> <i>Site Languages(s) Spoken: Tagalog, Lao, Spanish</i></p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL):</p>
<p>OPERATION SAMAHAN - NATIONAL C</p> <p>Provider ID: 417102</p> <p> 2743 HIGHLAND AVE NATIONAL CITY, CA 91950-7410</p> <p> <i>Phone: 844-200-2426</i></p> <p> <i>After Hours Phone:</i></p>	<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p>Medical Group/IPA: OPERATION SAMAHAN - NATIONAL C</p> <p> <i>Website: www.operationsa</i></p>	<p>OPERATION SAMAHAN - NATIONAL C</p> <p>Provider ID: 417102</p> <p> 2743 HIGHLAND AVE NATIONAL CITY, CA 91950-7410</p> <p> <i>Phone: 844-200-2426</i></p> <p><i>After Hours Phone: 844-200-2426</i></p> <p>License Number: A74777</p> <p>NPI: 1801907449</p> <p>Accepting New Patients: Yes</p> <p><input type="checkbox"/> <i>Site English Spoken: Yes</i></p> <p><input type="checkbox"/> <i>Site Languages(s) Spoken:</i></p>

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal






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*

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*







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*

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: 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*


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*

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*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


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
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

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

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

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
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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Provider ID: 227412

1136 D AVE
NATIONAL CITY, CA
91950-3412

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A103218

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

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

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

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

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

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

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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Cultural Competency: No

American Sign Language (ASL): License Number: A71304

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):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY

 *Website: 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


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: SAN YSIDRO HEALTH PARADISE HILLS

 *Website: 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*

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*


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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal



D1. Clínicas de salud con calificación federal




Cultural Competency: No
American Sign Language (ASL):
N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: SAN YSIDRO HEALTH PARADISE HILLS
 *Website: 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*

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*
Medical Group/IPA: SAN YSIDRO HEALTH PARADISE HILLS
 *Website: 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: 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*

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
 *Website: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


HEALTH CTR SD NATIONAL CITY


 Website: www.fhcsd.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

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

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


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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


Medical Group/IPA: IHP of
Southern Cal-PHP

 Website: syhealth.org/clinics/paradise-hills-family-clinic

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
Email: lucinaj@fhcsd.org


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

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

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

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: Operation
Samahan

 Website: www.operationsamahan.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. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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
Email:
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
Email:
dinah.pierce@syhealth.org

OCEANSIDE

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:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal







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 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:
760-631-5000
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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


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: 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

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

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

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

VISTA COMMUNITY CLINIC

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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 N

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: PA53036

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 N

Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415

Phone: 760-757-4566

Fax: 760-736-8740

After Hours Phone:

760-757-4566

License Number: 80000240

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 N

Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415

Phone: 760-757-4566

Fax: 760-736-8740

After Hours Phone:

760-757-4566

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 N

Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415

Phone: 760-757-4566

Fax: 760-736-8740

After Hours Phone:

Phone: 760-757-4566

Fax: 760-757-3004

After Hours Phone:

760-757-4566

License Number: A66289

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 N

Website: www.ihpsocal.org

TRUECARE

Provider ID: 296477

605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415

Phone: 760-757-4566

Fax: 760-757-3004

After Hours Phone:

760-757-4566

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 N

Website: www.ihpsocal.org

TRUECARE

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Provider ID: 296478

605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415

Phone: 760-757-4566

After Hours Phone:
760-757-4566

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

Website: 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

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

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

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
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):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: TRUECARE

Website: N/A





TRUECARE

Provider ID: 480315






3220 MISSION AVE STE 1

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal



D1. Clínicas de salud con calificación federal





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

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.vistacommu
nityclinic.org
Email: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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.vistacommu-nityclinic.org

Email: 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

Email: 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

Email: credentialing@vcc.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.vistacommu-nityclinic.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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

 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: 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

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

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
Cultural Competency: Y

 Hours: M-F
8:00AM-5:00PM
SA 9:00AM-4:00PM




American Sign Language (ASL):
N

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


 *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*

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*

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*

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:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

**NEIGHBORHOOD
HEALTHCARE PAUMA VALLEY**
Website: 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

**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

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: 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

**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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


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: 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

 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

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: 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):


N

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: SAN DIEGO FAMILY CARE


 *Website: 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: 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: 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: NP23847

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*

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: 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: 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: 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: 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: 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: www.sdfamilycare.org*


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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

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

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

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: 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

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: 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

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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


 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: 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 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

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 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>HLTH CTR SAN DIEGO-BEACH AREA  Website: www.fhcsd.org</p>	<p> Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: www.fhcsd.org</p>	<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA  Website: www.fhcsd.org</p>
<p>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 <input type="checkbox"/> 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</p>	<p>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 <input type="checkbox"/> 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</p>	<p>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 <input type="checkbox"/> 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</p>
<p>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 <input type="checkbox"/> Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N</p>	<p>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 <input type="checkbox"/> Site English Spoken: Yes Cultural Competency: No</p>	<p>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</p>

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


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

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

Medical Group/IPA: LINDA
VISTA HEALTH CARE CTR

 Website: 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

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

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

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,


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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

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 VISTA HEALTH CARE CTR
 Website: 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

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



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

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:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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
Website: 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

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): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO FAMILY CARE
Website: 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): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN DIEGO FAMILY CARE
Website: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal




D1. Clínicas de salud con calificación federal

PROVIDER
Medical Group/IPA: SAN
DIEGO FAMILY CARE
 Website: 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

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: 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

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

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

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

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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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*

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: 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*

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*

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*

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*

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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


Cultural Competency: No

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST

 *Website: www.fhcsd.org*

Cultural Competency: No

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST

 *Website: www.fhcsd.org*

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: 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*

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*

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*

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: PT293536

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes

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: PT296559

NPI: 1134155377


Accepting New Patients: Yes

Site English Spoken: Yes


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*



NPI: 1134155377

Accepting New Patients: Yes



Site English Spoken: Yes

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal



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*
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*

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: 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*



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
 *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
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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal






D1. Clínicas de salud con calificación federal

 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






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

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: 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: 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

FAMILY HLTH CTR SD HILLCREST


FAMILY HLTH CTR SD HILLCREST


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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: 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

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

FAMILY HLTH CTR SD HILLCREST

FAMILY HLTH CTR SD HILLCREST


FAMILY HLTH CTR SD HILLCREST


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

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: 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

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

FAMILY HLTH CTR SD HILLCREST

FAMILY HLTH CTR SD HILLCREST

FAMILY HLTH CTR SD HILLCREST

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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: 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

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

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






























D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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 <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	CENTERS Website: www.fhcsd.org	Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
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 <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	NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
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 <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	NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
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 <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	NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
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 <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	NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
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 <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	NORTH PARK FAMILY HEALTH CENTERS Website: www.fhcsd.org	Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS</p> <p> Website: www.fhcsd.org</p> <p>NORTH PARK FAMILY HEALTH CENTERS</p> <p>Provider ID: 416831</p> <p> 3514 30TH ST SAN DIEGO, CA 92104-4120</p> <p> Phone: 619-515-2424</p> <p> After Hours Phone: 619-515-2424</p> <p>License Number: A132576</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: NORTH PARK FAMILY HEALTH CENTERS</p> <p> Website: www.fhcsd.org</p> <p>NORTH PARK FAMILY HEALTH CENTERS</p> <p>Provider ID: 416831</p> <p> 3514 30TH ST SAN DIEGO, CA 92104-4120</p> <p> Phone: 619-515-2424</p> <p> After Hours Phone: 619-515-2424</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: NORTH PARK FAMILY HEALTH CENTERS</p> <p> Website: www.fhcsd.org</p> <p>NORTH PARK FAMILY HEALTH CENTERS</p> <p>Provider ID: 416831</p> <p> 3514 30TH ST SAN DIEGO, CA 92104-4120</p> <p> Phone: 619-515-2424</p> <p> After Hours Phone: 619-515-2424</p> <p>License Number: A154298</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: NORTH PARK FAMILY HEALTH CENTERS</p> <p> Website: www.fhcsd.org</p> <p>NORTH PARK FAMILY HEALTH CENTERS</p> <p>Provider ID: 416831</p> <p> 3514 30TH ST SAN DIEGO, CA 92104-4120</p> <p> Phone: 619-515-2424</p> <p> After Hours Phone: 619-515-2424</p> <p>License Number: A163464</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: NORTH PARK FAMILY HEALTH CENTERS</p> <p> Website: www.fhcsd.org</p> <p>NORTH PARK FAMILY HEALTH CENTERS</p> <p>Provider ID: 416831</p> <p> 3514 30TH ST SAN DIEGO, CA 92104-4120</p> <p> Phone: 619-515-2424</p> <p> After Hours Phone: 619-515-2424</p> <p>License Number: A164859</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: NORTH PARK FAMILY HEALTH CENTERS</p> <p> Website: www.fhcsd.org</p> <p>NORTH PARK FAMILY HEALTH CENTERS</p> <p>Provider ID: 416831</p> <p> 3514 30TH ST SAN DIEGO, CA 92104-4120</p> <p> Phone: 619-515-2424</p> <p> After Hours Phone: 619-515-2424</p>
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D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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: NORTH
PARK FAMILY HEALTH
CENTERS


 Website: 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: A51318

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

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: 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

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: 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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

NORTH PARK FAMILY HEALTH CENTERS

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

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

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.operationsa
mahan.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























D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p><input type="checkbox"/> Site English Spoken: yes <input type="checkbox"/> 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</p>	<p>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 <input type="checkbox"/> Site English Spoken: yes <input type="checkbox"/> 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</p>	<p>American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: OPERATION SAMAHAN RANCHO PENASQUITOS Website: www.operationsamahan.org</p>
<p>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 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: yes <input type="checkbox"/> 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</p>	<p>OPERATION SAMAHAN RANCHO PENASQUITOS 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 <input type="checkbox"/> Site English Spoken: yes <input type="checkbox"/> 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</p>	<p>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 <input type="checkbox"/> Site English Spoken: yes <input type="checkbox"/> 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</p>
<p>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 <input type="checkbox"/> Site English Spoken: yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No</p>	<p>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 <input type="checkbox"/> Site English Spoken: yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No</p>	<p>OPERATION SAMAHAN - MIRA MESA Provider ID: 417101 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126-2375</p>







































D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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	MESA  Website: 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: NP95003211 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	 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 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: 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: www.operationsamahan.org OPERATION SAMAHAN - MIRA MESA Provider ID: 417101  10737 CAMINO RUIZ STE 235
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D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>SAN DIEGO, CA 92126-2375  Phone: 844-200-2426 Fax: 858-578-4417  After Hours Phone: 844-200-2426 License Number: 80000146 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</p>	<p> Website: www.operationsamahan.org N  Accessibility: CONTACT PROVIDER Medical Group/IPA: 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</p>	<p> Accessibility: CONTACT PROVIDER Medical Group/IPA: OPERATION SAMAHAN - MIRA MESA  Website: www.operationsamahan.org</p>
<p>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: 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</p>	<p>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):</p>	<p>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</p>
	<p>OPERATION SAMAHAN - MIRA MESA 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</p>	<p>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</p>

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

License Number: DC15775

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: 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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA
Website: 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

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

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: 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

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: 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 AREA
Website: 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: 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

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
Phone: 619-515-2444

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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


Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-BEACH
AREA

 Website: 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: 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

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: 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-BEACH
AREA

 Website: 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: 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-BEACH
AREA


 Website: 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: 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: 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: 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: www.fhcsd.org

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: A178499 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: FAMILY HLTH CTR SAN DIEGO-BEACH AREA Website: www.fhcsd.org	AREA Website: www.fhcsd.org	<i>Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-BEACH AREA</i>
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: A72005 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: FAMILY HLTH CTR SAN DIEGO-BEACH AREA Website: 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: A72005 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: FAMILY HLTH CTR SAN DIEGO-BEACH AREA Website: www.fhcsd.org	Website: 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: A68463 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: FAMILY HLTH CTR SAN DIEGO-BEACH	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 <input type="checkbox"/> Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER	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 <input type="checkbox"/> 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
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: A68463 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: FAMILY HLTH CTR SAN DIEGO-BEACH	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 <input type="checkbox"/> Site English Spoken: Yes Cultural Competency: No American Sign Language (ASL): N Accessibility: CONTACT PROVIDER	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 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Yes Cultural Competency: No

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR SAN DIEGO-OAK PARK
 Website: 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: 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

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

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
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CTR SAN DIEGO-OAK PARK
 Website: 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

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

LOGAN HEIGHTS FAMILY HEALTH CENTER







Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 Phone: 619-515-2300

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal







D1. Clínicas de salud con calificación federal

 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







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







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






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):
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: G81658
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: 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: LOGAN
HEIGHTS FAMILY HEALTH
CENTER

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


 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: 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

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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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

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
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: 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

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: 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

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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 Phone: 619-515-2300

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *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*

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*

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

 *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: 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*


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


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: 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*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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

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

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

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

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

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):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p><i>Provider ID: 206360</i></p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> <i>Phone: 619-515-2300</i></p> <p> <i>After Hours Phone: 619-515-2300</i></p> <p><i>License Number: PA53788</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <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: LOGAN HEIGHTS FAMILY HEALTH CENTER</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p><i>Provider ID: 206360</i></p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> <i>Phone: 619-515-2300</i></p> <p> <i>After Hours Phone: 619-515-2300</i></p> <p><i>License Number: PA23258</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <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: LOGAN HEIGHTS FAMILY HEALTH CENTER</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p><i>Provider ID: 206360</i></p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> <i>Phone: 619-515-2300</i></p> <p> <i>After Hours Phone: 619-515-2300</i></p> <p><i>License Number: PA20396</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <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: LOGAN HEIGHTS FAMILY HEALTH CENTER</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p><i>Provider ID: 206360</i></p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> <i>Phone: 619-515-2300</i></p> <p> <i>After Hours Phone: 619-515-2300</i></p> <p><i>License Number: PA21591</i></p> <p><i>NPI: 1134155377</i></p>	<p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <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: LOGAN HEIGHTS FAMILY HEALTH CENTER</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>SAN YSIDRO HEALTH CHC - OCEAN VIEW</p> <p><i>Provider ID: 227409</i></p> <p> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113-1432</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: A112379</i></p> <p><i>NPI: 1598122871</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <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 CHC - OCEAN VIEW</i></p> <p> <i>Website: www.ihpsocal.org</i></p> <p>SAN YSIDRO HEALTH CHC - OCEAN VIEW</p> <p><i>Provider ID: 227409</i></p> <p> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113-1432</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p>
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D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

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: 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

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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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


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


YSIDRO HEALTH CHC - OCEAN
VIEW

 Website: 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

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):


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p> Website: www.fhcsd.org</p> <p>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p>Provider ID: 206363</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p> Phone: 619-515-2560</p> <p>Fax: 619-263-2499</p> <p> After Hours Phone: 619-515-2560</p> <p>License Number: A100391</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: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p> Website: www.fhcsd.org</p> <p>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p>Provider ID: 206363</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p> Phone: 619-515-2560</p> <p>Fax: 619-263-2499</p> <p> After Hours Phone: 619-515-2560</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: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p> Website: www.fhcsd.org</p> <p>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p>Provider ID: 206363</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p> Phone: 619-515-2560</p> <p> After Hours Phone: 619-515-2560</p> <p>License Number: NP95007000</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: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p> Website: www.fhcsd.org</p> <p>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p>Provider ID: 206363</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p> Phone: 619-515-2560</p> <p> After Hours Phone: 619-515-2560</p> <p>License Number: NP95009292</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: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p> Website: www.fhcsd.org</p> <p>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p>Provider ID: 206363</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p> Phone: 619-515-2560</p> <p> After Hours Phone: 619-515-2560</p> <p>License Number: NP95005321</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: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p> Website: www.fhcsd.org</p> <p>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p>Provider ID: 206363</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p> Phone: 619-515-2560</p>
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D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

 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

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


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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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: 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

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

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

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

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):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p> Website: www.fhcsd.org</p> <p>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p>Provider ID: 206363</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p> Phone: 619-515-2560</p> <p> After Hours Phone: 619-515-2560</p> <p>License Number: G78814</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: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p> Website: www.fhcsd.org</p> <p>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p>Provider ID: 206363</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p> Phone: 619-515-2560</p> <p> After Hours Phone: 619-515-2560</p> <p>License Number: NP19911</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: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p> Website: www.fhcsd.org</p> <p>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p>Provider ID: 206363</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p> Phone: 619-515-2560</p> <p> After Hours Phone: 619-515-2560</p> <p>License Number: NP95000205</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: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p> Website: www.fhcsd.org</p> <p>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p>Provider ID: 206363</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p> Phone: 619-515-2560</p> <p> After Hours Phone: 619-515-2560</p> <p>License Number: NP95001492</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: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p> Website: www.fhcsd.org</p> <p>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p>Provider ID: 206363</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p> Phone: 619-515-2560</p> <p> After Hours Phone: 619-515-2560</p> <p>License Number: NP10146</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: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p> Website: www.fhcsd.org</p> <p>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</p> <p>Provider ID: 206363</p> <p> 4725 MARKET ST SAN DIEGO, CA 92102-4715</p> <p> Phone: 619-515-2560</p> <p> After Hours Phone: 619-515-2560</p>
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D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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

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):
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: 619-515-2420

 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

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

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: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

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

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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *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: 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*

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 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: 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*

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*

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*

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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: A164879

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: 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: A115598

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: 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: A126187

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: 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: A140912

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: 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: A137260

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: DIAMOND

NEIGHBORHOODS FAMILY

HLTH CTRS INC

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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

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: 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

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

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

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 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

 Website: 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

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

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):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA:

DOWNTOWN FAMILY CTR AT
CONNECTIONS

 Website: 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):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA:


DOWNTOWN FAMILY CTR AT
CONNECTIONS

 Website: 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


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):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA:


DOWNTOWN FAMILY CTR AT
CONNECTIONS

 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

<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: www.fhcsd.org</p>	<p>Medical Group/IPA: FAMILY HEALTH CTR IBARRA</p> <p> Website: www.fhcsd.org</p>	<p>Medical Group/IPA: FAMILY HEALTH CTR IBARRA</p> <p> Website: www.fhcsd.org</p>
<p>FAMILY HEALTH CTR IBARRA</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: NP17838</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: www.fhcsd.org</p>	<p>FAMILY HEALTH CTR IBARRA</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: www.fhcsd.org</p>	<p>FAMILY HEALTH CTR IBARRA</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: www.fhcsd.org</p>
<p>FAMILY HEALTH CTR IBARRA</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: PA21385</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: www.fhcsd.org</p>	<p>FAMILY HEALTH CTR IBARRA</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>Medical Group/IPA: FAMILY HEALTH CTR IBARRA</p> <p> Website: www.fhcsd.org</p>	<p>NORTH PARK FAMILY HEALTH CENTERS</p> <p>Provider ID: 206362</p> <p> 3544 30TH ST SAN DIEGO, CA 92104-4120</p> <p> Phone: 619-515-2424</p> <p> After Hours Phone: 619-515-2424</p> <p>License Number: PA17220</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: NORTH</p>

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


PARK FAMILY HEALTH CENTERS

 Website: 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: PA18746

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


NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

Fax: 619-501-0627

 After Hours Phone:
619-515-2424

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

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

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

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

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: A175116

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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: 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
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: 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

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: A61238

NPI: 1598122871

Accepting New Patients: Yes


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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: 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

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

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

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9154
 After Hours Phone:

619-255-9154

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

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9154
 After Hours Phone:
619-255-9154

License Number: A163693

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






LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268







 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal







 Phone: 619-255-9155
 After Hours Phone:
619-255-9155
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

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

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







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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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

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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC INC
Website: 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

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

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

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

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
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


FAMILY HEALTH CTR IBARRA

Provider ID: 417987

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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: 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 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


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

FAMILY HLTH CTR SAN


DIEGOCITY COLLEGE

Provider ID: 417429


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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

 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

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

 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

HLTH CTR SAN DIEGOCITY
COLLEGE


 Website: 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

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


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


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

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

 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: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL


Provider ID: 419529

 2325 COMMERCIAL ST STE
1400


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

Fax: 619-269-0053

 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: 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


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: 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

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: 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

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: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


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

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: A104052

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: G72486

NPI: 1598122871

Accepting New Patients: Yes

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

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

 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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: 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*

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: 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 FAMILY HEALTH CENTER

Provider ID: 403583







 1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal







D1. Clínicas de salud con calificación federal

 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
 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: 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 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
 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


 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

 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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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

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

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

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: A146111

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: 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: 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. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal



 After Hours Phone:
619-515-2300
License Number: A142703
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: 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: 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: 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

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: 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

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: A147939
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: 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: LOGAN
HEIGHTS FAMILY HEALTH
CENTER
 Website: www.fhcsd.org

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

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

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):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p><i>Provider ID: 206360</i></p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> <i>Phone: 619-515-2300</i></p> <p> <i>After Hours Phone: 619-515-2300</i></p> <p><i>License Number: A121451</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <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: LOGAN HEIGHTS FAMILY HEALTH CENTER</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p><i>Provider ID: 206360</i></p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> <i>Phone: 619-515-2300</i></p> <p> <i>After Hours Phone: 619-515-2300</i></p> <p><i>License Number: A122238</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <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: LOGAN HEIGHTS FAMILY HEALTH CENTER</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p><i>Provider ID: 206360</i></p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> <i>Phone: 619-515-2300</i></p> <p> <i>After Hours Phone: 619-515-2300</i></p> <p><i>License Number: A93385</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <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: LOGAN HEIGHTS FAMILY HEALTH CENTER</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p><i>Provider ID: 206360</i></p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> <i>Phone: 619-515-2300</i></p> <p> <i>After Hours Phone: 619-515-2300</i></p> <p><i>License Number: A80504</i></p> <p><i>NPI: 1134155377</i></p>	<p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <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: LOGAN HEIGHTS FAMILY HEALTH CENTER</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p><i>Provider ID: 206360</i></p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> <i>Phone: 619-515-2300</i></p> <p> <i>After Hours Phone: 619-515-2300</i></p> <p><i>License Number: A77126</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p><input type="checkbox"/> <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: LOGAN HEIGHTS FAMILY HEALTH CENTER</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>LOGAN HEIGHTS FAMILY HEALTH CENTER</p> <p><i>Provider ID: 206360</i></p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113-2113</p> <p> <i>Phone: 619-515-2300</i></p> <p> <i>After Hours Phone: 619-515-2300</i></p>
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D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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

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: 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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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: 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: 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: 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: 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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


 *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: 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*

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*

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*

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*

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

American Sign Language (ASL): Accepting New Patients: Yes

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

 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: 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

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

SHERMAN HEIGHTS FAMILY

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

Website: N/A

NORTH PARK FAMILY HEALTH CENTERS

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

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

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: 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

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: 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: NORTH
PARK FAMILY HEALTH
CENTERS

Website: 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: 20A14919

NPI: 1134155377



Accepting New Patients: Yes

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
 *Website: 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: 20A15068
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*

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: 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: 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: 20A20252
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*

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: 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*


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: 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

 *Website: 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: A116680

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: NORTH PARK FAMILY HEALTH CENTERS

 Website: 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): Accepting New Patients: Yes

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS


 Website: 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): Accepting New Patients: Yes

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS


 Website: 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: 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

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

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

NORTH PARK FAMILY HEALTH


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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

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: 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


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: 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


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: 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

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: 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

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: NP95002226

NPI: 1134155377

Accepting New Patients: Yes

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):


N

 Accessibility: CONTACT
PROVIDER

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


Medical Group/IPA: NORTH
PARK FAMILY HEALTH
CENTERS


 Website: 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: 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


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
PROVIDER


Medical Group/IPA: KING
CHAVEZ HEALTH CENTER

 Website: 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

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

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

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):



D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal




N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: KING
CHAVEZ HEALTH CENTER
 Website: 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 PROVIDER
Medical Group/IPA: KING
CHAVEZ HEALTH CENTER
 Website: 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



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

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

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: 20A7435
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

KING CHAVEZ HEALTH CENTER




Provider ID: 451167
 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
 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):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: KING CHAVEZ HEALTH CENTER
 *Website: 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: 20A8204
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*



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*

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*



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*

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*

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: NP22031
NPI: 1598122871
Accepting New Patients: Yes
 Site English Spoken: Yes






D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal







 <i>Site Languages(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> NESTOR COMMUNITY HEALTH CENTER  <i>Website:</i> www.ibclinic.org	619-429-3733 <i>License Number:</i> 550001474 <i>NPI:</i> 1598122871  <i>Site English Spoken:</i> Yes  <i>Site Languages(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> NESTOR COMMUNITY HEALTH CENTER  <i>Website:</i> www.ibclinic.org	 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129  <i>Phone:</i> (844) 200-2426 <i>Fax:</i> (858) 695-9074  <i>After Hours Phone:</i> (844) 200-2426 <i>License Number:</i> 550003857 <i>NPI:</i> 1699216622 <i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\150  <i>Site English Spoken:</i> Y  <i>Site Languages(s) Spoken:</i> Spanish <i>Cultural Competency:</i> N  <i>Hours:</i> M-TU 8:30AM-5:30PM W 10:00AM-7:00PM TH-F 8:30AM-5:30PM <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> Operation Samahan  <i>Website:</i> www.operationsamahan.org
NESTOR COMMUNITY HEALTH CENTER <i>Provider ID:</i> 214492  1016 OUTER RD SAN DIEGO, CA 92154-1351  <i>Phone:</i> 619-429-3733  <i>After Hours Phone:</i> 619-429-3733 <i>License Number:</i> A165398 <i>NPI:</i> 1598122871 <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Yes  <i>Site Languages(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> NESTOR COMMUNITY HEALTH CENTER  <i>Website:</i> www.ibclinic.org	NESTOR COMMUNITY HEALTH CENTER <i>Provider ID:</i> 214492  1016 OUTER RD SAN DIEGO, CA 92154-1351  <i>Phone:</i> 619-429-3733 <i>Fax:</i> 619-628-5550  <i>After Hours Phone:</i> 619-429-3733 <i>NPI:</i> 1598122871  <i>Site English Spoken:</i> Yes  <i>Site Languages(s) Spoken:</i> Spanish <i>Cultural Competency:</i> No <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> NESTOR COMMUNITY HEALTH CENTER  <i>Website:</i> www.ibclinic.org	OPERATION SAMAHAN RANCHO PENASQUITOS <i>Provider ID:</i> 418535  9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129  <i>Phone:</i> (844) 200-2426 <i>Fax:</i> (858) 695-9074  <i>After Hours Phone:</i> (844) 200-2426 <i>License Number:</i> 550002478 <i>NPI:</i> 1699216622 <i>Accepting New Patients:</i> Yes <i>Min/Max Age:</i> 0\150
NESTOR COMMUNITY HEALTH CENTER <i>Provider ID:</i> 214492  1016 OUTER RD SAN DIEGO, CA 92154-1351  <i>Phone:</i> 619-429-3733 <i>Fax:</i> 619-628-5550  <i>After Hours Phone:</i>	OPERATION SAMAHAN RANCHO PENASQUITOS <i>Provider ID:</i> 418535	

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal




 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






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








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

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


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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


Medical Group/IPA: Operation Samahan

 Website: www.operationsamahan.org

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


 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
Email: sabay@fhcsd.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

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

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

LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

☎ 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

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
Email: fabianm@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

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

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

📍 2391 ISLAND AVE
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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

MID-CITY COMMUNITY CLINIC

Provider ID: 233532

📍 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

☎ Phone: (619) 280-2058

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382

📍 2630 1ST AVE
SAN DIEGO, CA 92103

☎ Phone: (619) 234-2158
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
G

Indian Health Services: Y

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

Email:
aschmaltz@lamaestra.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

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

DOWNTOWN FAMILY CTR AT

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

CONNECTIONS

Provider ID: 417782

1250 6TH AVE STE 100
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): Accepting New Patients: Yes
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: Family
Health Centers of San Diego

Website: www.fhcsd.org

Email: jinah@fhcsd.org

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

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

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.syhe
alth.org/locations](https://www.syhealth.org/locations)

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 624977

2204 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2355

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

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

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

Email: avaldez@ibclinic.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

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: PA51867

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: TRUECARE N

 Website: www.ihpsocal.org


TRUECARE

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


TRUECARE

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

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: 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


TRUECARE

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

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


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):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: TRUECARE

 Website: 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):

N

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: TRUECARE

 *Website: 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):

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: TRUECARE

 *Website: 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):

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: TRUECARE

 *Website: 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):

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: TRUECARE


 *Website: 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*

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*

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: TRUECARE

 Website: 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: 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

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: 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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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


 Website: 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

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

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

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







TRUECARE

Provider ID: 625875








 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal







 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

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
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: TRUECARE
 Website: 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: 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







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

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

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
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


TRUECARE


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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: 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

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
Southern Cal-PHP

 Website: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL): Accepting New Patients: Yes
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP of Southern Cal-PHP

 Website: 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

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

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

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

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

SAN YSIDRO

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

Accepting New Patients: Yes

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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 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

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

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

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
PROVIDER


Medical Group/IPA: SAN
YSIDRO HLTH SAN DIEGO
PACE SENIOR HLTH SVS


 Website: 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

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


PACE SENIOR HLTH SVS

 Website: 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

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

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: 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

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

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

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:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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





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

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

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: 20A12555
NPI: 1598122871
Accepting New Patients: Yes
 Site English Spoken: Yes


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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: 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*

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*

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*


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 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


PACE SENIOR HLTH SVS

 Website: 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
YSIDRO HLTH SAN DIEGO


PACE SENIOR HLTH SVS

 Website: 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

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


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

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN


YSIDRO HLTH SAN DIEGO


PACE SENIOR HLTH SVS


 Website: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal




D1. Clínicas de salud con calificación federal

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 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*

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*

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*

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
 *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: 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*


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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: 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


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

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: 20A9907
NPI: 1598122871
Accepting New Patients: Yes
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese
Cultural Competency: No

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

 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

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

 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

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


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



D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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*
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*


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*

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*




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*

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: A63844
NPI: 1598122871
Accepting New Patients: Yes
 *Site English Spoken: Yes*


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal

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: 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*

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*

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*

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*

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*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal





D1. Clínicas de salud con calificación federal




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: 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



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








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

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
 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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


 *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: 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*

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*

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

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: 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*

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,



D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal


D1. Clínicas de salud con calificación federal


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: 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*

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*

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*

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: 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*

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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

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

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






D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal



D1. Clínicas de salud con calificación federal


 After Hours Phone: 619-662-4100 License Number: A170738 NPI: 1598122871 Accepting New Patients: Yes	HEALTH CENTER  Website: www.ihpsocal.org	 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese Cultural Competency: No American Sign Language (ASL): N
 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: A101017 NPI: 1598122871 Accepting New Patients: Yes	 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: A177337 NPI: 1598122871 Accepting New Patients: Yes	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
 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	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
 Site English Spoken: Yes	SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER Provider ID: 206292	SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER Provider ID: 206292


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal




 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



**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: 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

**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
 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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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,
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: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal




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: 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

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
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: 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

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: 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

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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER Website: www.ihpsocal.org</p>	<p>After Hours Phone: 619-662-4100 License Number: A180886 NPI: 1598122871 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> 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</p>	<p>HEALTH CENTER Website: www.ihpsocal.org</p>
<p>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 <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> 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</p>	<p>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 <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> 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</p>	<p>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 <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> 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</p>
<p>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER Provider ID: 206292 4004 BEYER BLVD SAN YSIDRO, CA 92173-2007 Phone: 619-662-4100</p>	<p>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 <input type="checkbox"/> Site English Spoken: Yes</p>	<p>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 <input type="checkbox"/> Site English Spoken: Yes</p>


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *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: 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: 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 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. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

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





SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292



4004 BEYER BLVD

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal




D1. Clínicas de salud con calificación federal

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
 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
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

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

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


SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
 4004 BEYER BLVD
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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


Southern Cal-PHP

 Website: www.syhealth.org/clinics/san-ysidro-health-center


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 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


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: 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

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

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



D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal







D1. Clínicas de salud con calificación federal





<p><i>PROVIDER</i> Medical Group/IPA: GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC  Website: www.fhcsd.org</p>	<p><i>Cultural Competency: No</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC  Website: www.fhcsd.org</p>	<p><i>License Number: A148014</i> <i>NPI: 1134155377</i> <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC  Website: www.fhcsd.org</p>
<p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC <i>Provider ID: 206361</i>  8788 JAMACHA RD SPRING VALLE, CA 91977-4035  Phone: 619-515-2555  After Hours Phone: 619-515-2555 <i>License Number: A154298</i> <i>NPI: 1134155377</i> <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC  Website: www.fhcsd.org</p>	<p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC <i>Provider ID: 206361</i>  8788 JAMACHA RD SPRING VALLE, CA 91977-4035  Phone: 619-515-2555  After Hours Phone: 619-515-2555 <i>License Number: A149063</i> <i>NPI: 1134155377</i> <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC  Website: www.fhcsd.org</p>	<p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC <i>Provider ID: 206361</i>  8788 JAMACHA RD SPRING VALLE, CA 91977-4035  Phone: 619-515-2555  After Hours Phone: 619-515-2555 <i>License Number: A116680</i> <i>NPI: 1134155377</i> <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i> <i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC  Website: www.fhcsd.org</p>
<p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC <i>Provider ID: 206361</i>  8788 JAMACHA RD SPRING VALLE, CA 91977-4035  Phone: 619-515-2555  After Hours Phone: 619-515-2555 <i>License Number: A163464</i> <i>NPI: 1134155377</i> <i>Accepting New Patients: Yes</i>  <i>Site English Spoken: Yes</i></p>	<p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC <i>Provider ID: 206361</i>  8788 JAMACHA RD SPRING VALLE, CA 91977-4035  Phone: 619-515-2555  After Hours Phone: 619-515-2555</p>	<p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC <i>Provider ID: 206361</i>  8788 JAMACHA RD</p>

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal



D1. Clínicas de salud con calificación federal

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: 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: 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: 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

**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: 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:

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: A76059
NPI: 1134155377
Accepting New Patients: Yes
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</p> <p> <i>Website: www.fhcsd.org</i></p> <p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</p> <p><i>Provider ID: 206361</i></p> <p> 8788 JAMACHA RD SPRING VALLE, CA 91977-4035</p> <p> <i>Phone: 619-515-2555</i></p> <p> <i>After Hours Phone: 619-515-2555</i></p> <p><i>License Number: A169342</i> <i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</p> <p> <i>Website: www.fhcsd.org</i></p> <p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</p> <p><i>Provider ID: 206361</i></p> <p> 8788 JAMACHA RD SPRING VALLE, CA 91977-4035</p> <p> <i>Phone: 619-515-2555</i></p> <p> <i>After Hours Phone: 619-515-2555</i></p> <p><i>License Number: A164859</i> <i>NPI: 1134155377</i></p>	<p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</p> <p> <i>Website: www.fhcsd.org</i></p> <p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</p> <p><i>Provider ID: 206361</i></p> <p> 8788 JAMACHA RD SPRING VALLE, CA 91977-4035</p> <p> <i>Phone: 619-515-2555</i></p> <p> <i>After Hours Phone: 619-515-2555</i></p> <p><i>License Number: A178499</i> <i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</p> <p> <i>Website: www.fhcsd.org</i></p> <p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</p> <p><i>Provider ID: 206361</i></p> <p> 8788 JAMACHA RD SPRING VALLE, CA 91977-4035</p> <p> <i>Phone: 619-515-2555</i></p>	<p> <i>After Hours Phone: 619-515-2555</i></p> <p><i>License Number: A55932</i> <i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</p> <p> <i>Website: www.fhcsd.org</i></p> <p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</p> <p><i>Provider ID: 206361</i></p> <p> 8788 JAMACHA RD SPRING VALLE, CA 91977-4035</p> <p> <i>Phone: 619-515-2555</i></p> <p><i>Fax: 619-462-5584</i></p> <p> <i>After Hours Phone: 619-515-2555</i></p> <p><i>NPI: 1134155377</i></p> <p><i>Accepting New Patients: Yes</i></p> <p> <i>Site English Spoken: Yes</i> <i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA:</i> GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</p> <p> <i>Website: www.fhcsd.org</i></p> <p>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</p>
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D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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: NP10943

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: 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:

GROSSMONT SPRING VALLEY

FAMILY HLTH CTRS INC

Website: 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

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

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 VALLEY, CA
91977-4035

Phone: 619-515-2555

After Hours Phone:
619-515-2555

License Number: A72005

NPI: 1134155377

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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 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

Email: 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: 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 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 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

VISTA

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

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

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

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
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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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


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

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


D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


 Website: 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

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


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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal


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: 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

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

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:
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: C171929

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: 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

VISTA COMMUNITY CLINIC

Provider ID: 206338



 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000






 After Hours Phone:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal






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

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

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

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): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: VISTA COMMUNITY CLINIC
 Website: www.vistacommunityclinic.org

nityclinic.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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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
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

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: 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

VISTA COMMUNITY CLINIC








Provider ID: 206338
 1000 VALE TERRACE DR
VISTA, CA 92084-5218
 Phone: 844-308-5003

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal








D1. Clínicas de salud con calificación federal

 After Hours Phone: 844-308-5003
License Number: NP11448
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: 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

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

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
Email: 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

D2. Directorio de atención primaria

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

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

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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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

D2. Directorio de atención primaria

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. Directorio de atención primaria

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

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

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

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

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. Directorio de atención primaria


 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

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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

WYLIE, BLAKE

D2. Directorio de atención primaria

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

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

Medi-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

Medi-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

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. Directorio de atención primaria

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
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
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
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

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
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 Website: 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. Directorio de atención primaria

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

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

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SA 8:00AM-2:00PM

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PRACTITIONER

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Provider ID: 480120

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License Number: NP95003087

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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

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):
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♿ Accessibility: CONTACT
PROVIDER

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

FQHC

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Provider ID: 480120


NPI: 1245246917


☐ Provider English Spoken: Y
Cultural Competency: N

D2. Directorio de atención primaria


 1295 CARLSBAD VILLAGE
DR STE 100

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 After Hours Phone: (760)
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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

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):
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 Accessibility: CONTACT
PROVIDER

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

SA 8:00AM-2:00PM

INTERNAL MEDICINE


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 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

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 Website: N/A

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

SA 8:00AM-2:00PM

INTERNAL MEDICINE


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Provider ID: 480120

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SA 8:00AM-2:00PM

INTERNAL MEDICINE


PONIACHIK, SAMUEL


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 Provider English Spoken: Y


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Spoken: Spanish


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Board Certified Specialty: No

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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. Directorio de atención primaria

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. Directorio de atención primaria

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. Directorio de atención primaria

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
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Medi-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
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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. Directorio de atención primaria

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
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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

CHISWICK, GARY

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License Number: PA22667

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Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

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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)
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Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

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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

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Cultural Competency: N

Board Certified Specialty: No

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DR STE 100
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After Hours Phone: (760)
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Website: N/A

Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

Min/Max Age: 0\150

American Sign Language (ASL):  1295 CARLSBAD VILLAGE DR STE 100

N
 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

PHYSICIANS ASSISTANT

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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-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

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


 After Hours Phone: (619) 662-4100

 Website: 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

CHAPIN, DENISE

Provider ID: 206355

Provider Gender: Female

License Number: NP23687


D2. Directorio de atención primaria


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. Directorio de atención primaria

American Sign Language (ASL): License Number: NP10943
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

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

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
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 Phone: (619) 515-2500

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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

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

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. Directorio de atención primaria


 *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

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- medic
al- 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- medic
al- 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

 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*

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*

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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*

CERTIFIED NURSE

PRACTITIONER

ROSS, CRYSTAL

Provider ID: 427322

Provider Gender: Female

License Number: NP95015413

D2. Directorio de atención primaria

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

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

 After Hours Phone: (619)

662-4100

 Website: 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

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

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
Email:

MARTHAO@FHCS.D.ORG


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria

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

 251 LANDIS AVE
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 *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

 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. Directorio de atención primaria

 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


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

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

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

 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

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

 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

D2. Directorio de atención primaria

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

Medi-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

 After Hours Phone: (619)

662-4100

 Website: 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

 After Hours Phone: (619)
662-4100

 Website: 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

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

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

/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

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-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

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-medical-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. Directorio de atención primaria

 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: 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
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
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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
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 Website: 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
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. Directorio de atención primaria

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

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

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Website: 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)
662-4100

Website: 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

CHULA VISTA, CA 91910

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662-4100

Website: 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

CAMPOS, MELISSA

Provider ID: 427322

Provider Gender: Female

License Number: A138474

NPI: 1427475318

Provider English Spoken: Y

Cultural Competency: N

D2. Directorio de atención primaria

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

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
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: 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
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
CHULA VISTA, CA 91910

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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

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. Directorio de atención primaria

N

 **Accessibility:** CONTACT PROVIDER
Hours: M-TH 9:00AM-5:00PM
F 8:00AM-4:00PM



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):

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

Medi-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


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

Medi-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

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

Email:

MARTHAO@FHCSO.ORG


Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

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

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


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. Directorio de atención primaria

 Website: 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

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

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

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

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 Website: 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. Directorio de atención primaria

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

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662-4100

 Website: 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

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662-4100

 Website: 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

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 Website: 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

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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

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. Directorio de atención primaria




 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
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
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
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
Email: 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
Email: chantalt@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

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

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

Medi-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

Medi-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

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. Directorio de atención primaria


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

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

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


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

Medi-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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

D2. Directorio de atención primaria

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*

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

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. Directorio de atención primaria

CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: 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
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
Medi-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
Medi-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
Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

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

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

Medi-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

Medi-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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

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

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

Medi-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

Medi-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

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. Directorio de atención primaria


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

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

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

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

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. Directorio de atención primaria

 Website: 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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FQHC

D2. Directorio de atención primaria


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
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
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
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
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
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


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
Email: chantalt@fhcsd.org

D2. Directorio de atención primaria

Medi-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

Medi-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

Medi-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

Medi-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

Medi-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

D2. Directorio de atención primaria

/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 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 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 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 al- plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

D2. Directorio de atención primaria

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

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

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

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

Medi-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. Directorio de atención primaria

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

Medi-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

Medi-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

Medi-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. Directorio de atención primaria

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

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

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

Medi-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

Medi-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
Email:

MARTHAO@FHCSD.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

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. Directorio de atención primaria

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

 *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

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
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

D2. Directorio de atención primaria

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
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

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
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

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
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

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. Directorio de atención primaria

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

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
 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

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
 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

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
CHULA VISTA, CA 91910
 Phone: (619) 515-2500
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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

HANLEY, LAUREN

Provider ID: 206355

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y


Provider Language(s)

Spoken: Spanish


D2. Directorio de atención primaria

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp
Grossmont Hospital
Board Certified Specialty: No

 251 LANDIS AVE
CHULA VISTA, CA 91910
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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

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

 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

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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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


 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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 Website: www.fhcsd.org
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

LOEFFLER, ALLISON

Provider ID: 206355

Provider Gender: Female

License Number: A116680

NPI: 1700073962



 Provider English Spoken: Y

D2. Directorio de atención primaria

 *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
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

 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

 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

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. Directorio de atención primaria

<p><i>PROVIDER</i></p> <p><u>OBSTETRICS / GYNECOLOGY</u></p> <p>MENDEZ, DIEGO</p> <p>Provider ID: 427322</p> <p>Provider Gender: Male</p> <p>License Number: A47906</p> <p>NPI: 1437181922</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>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</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 678 3RD AVE CHULA VISTA, CA 91910</p> <p><input type="checkbox"/> Phone: (619) 662-4100</p> <p><input type="checkbox"/> After Hours Phone: (619) 662-4100</p> <p><input type="checkbox"/> Website: www.syhealth.org/clinics/chula-vista-medical-plaza</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p><u>OBSTETRICS / GYNECOLOGY</u></p>	<p>RODRIGUEZ JEREZ, ROBERTO</p> <p>Provider ID: 206355</p> <p>Provider Gender: Male</p> <p>License Number: A154298</p> <p>NPI: 1710316450</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 251 LANDIS AVE CHULA VISTA, CA 91910</p> <p><input type="checkbox"/> Phone: (619) 515-2500</p> <p><input type="checkbox"/> After Hours Phone: (619) 515-2500</p> <p><input type="checkbox"/> Website: www.fhcsd.org</p> <p>Email: MARTHAO@FHCS.D.ORG</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8:30AM-5:30PM</p> <p><u>OBSTETRICS / GYNECOLOGY</u></p> <p>RODRIGUEZ JEREZ, ROBERTO</p> <p>Provider ID: 206355</p> <p>Provider Gender: Male</p> <p>License Number: A154298</p> <p>NPI: 1710316450</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p>	<p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 251 LANDIS AVE CHULA VISTA, CA 91910</p> <p><input type="checkbox"/> Phone: (619) 515-2500</p> <p><input type="checkbox"/> After Hours Phone: (619) 515-2500</p> <p><input type="checkbox"/> Website: www.fhcsd.org</p> <p>Email: MARTHAO@FHCS.D.ORG</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8:30AM-5:30PM</p> <p><u>OBSTETRICS / GYNECOLOGY</u></p> <p>SAPRA, SONIA</p> <p>Provider ID: 206355</p> <p>Provider Gender: Female</p> <p>License Number: A164859</p> <p>NPI: 1952751711</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Hindi</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 251 LANDIS AVE CHULA VISTA, CA 91910</p> <p><input type="checkbox"/> Phone: (619) 515-2500</p> <p><input type="checkbox"/> After Hours Phone: (619) 515-2500</p> <p><input type="checkbox"/> Website: www.fhcsd.org</p> <p>Email:</p>
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D2. Directorio de atención primaria

MARTHAO@FHCS.D.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

 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


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


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

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
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org
/clinics/chula- vista- medic

D2. Directorio de atención primaria



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
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: 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
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
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

Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

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
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
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
Email:

MARTHAO@FHCS.D.ORG


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria

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

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

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

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. Directorio de atención primaria

662-4100
 Website: 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

Medi-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

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

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. Directorio de atención primaria

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

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

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. Directorio de atención primaria

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. Directorio de atención primaria

 Website: 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

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. Directorio de atención primaria

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. Directorio de atención primaria

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

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

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. Directorio de atención primaria

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. Directorio de atención primaria

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. Directorio de atención primaria

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-medical-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-medical-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

Email:

MARTHAO@FHCS.D.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. Directorio de atención primaria


 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

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. Directorio de atención primaria

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. Directorio de atención primaria

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

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)
662-4100

 Website: 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

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

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: 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. Directorio de atención primaria

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. Directorio de atención primaria

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
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
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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🌐 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 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
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER

REGISTERED NURSE LICENSED

D2. Directorio de atención primaria

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

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

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
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

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


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

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

D2. Directorio de atención primaria

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

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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

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. Directorio de atención primaria

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

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
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
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
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
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. Directorio de atención primaria

 *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


 *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

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. Directorio de atención primaria

 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


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
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
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

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
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

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
Medi-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. Directorio de atención primaria



 *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. Directorio de atención primaria

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
Medi-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
Medi-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
Email: 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
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

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
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

D2. Directorio de atención primaria

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

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

Email: 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
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 Phone: (619) 515-2498

 After Hours Phone: (619)
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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

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

Email: 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

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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

D2. Directorio de atención primaria

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

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

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

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

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
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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-5:30PM
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. Directorio de atención primaria

 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

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
Email: 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

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 After Hours Phone: (619)
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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

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
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 Phone: (619) 515-2498

 After Hours Phone: (619)
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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

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

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. Directorio de atención primaria

 *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*
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*
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. Directorio de atención primaria

 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





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
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






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
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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-5:30PM
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
Email: 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
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


CERTIFIED NURSE PRACTITIONER

SMITH, SHARON

Provider ID: 418340
Provider Gender: Female
License Number: NP15444

D2. Directorio de atención primaria

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

Email: 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

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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

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

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

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

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 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

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

EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)
312-0347

 Website: www.lamaestra.org





D2. Directorio de atención primaria


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-5:00PM

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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 Phone: (619) 312-0347
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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





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
EL CAJON, CA 92019
 Phone: (619) 312-0347
 After Hours Phone: (619)
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Email:
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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-5:30PM
SA 8:30AM-2:00PM

CERTIFIED NURSE

PRACTITIONER

WILLIAMS, BREAHA
Provider ID: 185267
Provider Gender: Female
License Number: NP95001840
NPI: 1063884864
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 Provider Language(s)
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Cultural Competency: N
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Medi-Cal Open Panel: Yes
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 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
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

D2. Directorio de atención primaria

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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 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

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

Email: 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)
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

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

 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

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

 525 E MAIN ST

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 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

CHIROPRACTOR

SOSA, DAVID

Provider ID: 206354

D2. Directorio de atención primaria

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

Email: 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

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 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

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

Email: 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

Email: 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

 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

ENDOCRINOLOGY

METABOLISM DIABETES

NAGELBERG, JODI


Provider ID: 418340

Provider Gender: Female

License Number: A146838


NPI: 1720474141


D2. Directorio de atención primaria

 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


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

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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

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


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

 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

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

 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

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

D2. Directorio de atención primaria


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

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
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

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
Email: janellek@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: 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
Email: 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
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. Directorio de atención primaria

 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. Directorio de atención primaria


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

Email: 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

Email: 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

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

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

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

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

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. Directorio de atención primaria

 *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: jaquelin@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: jaquelin@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*


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. Directorio de atención primaria

 *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*

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*

Email:

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*

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*

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. Directorio de atención primaria

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

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
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
Email: 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
Email: 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

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. Directorio de atención primaria

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: janelle@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: janelle@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.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria


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

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

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


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

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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-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

Medi-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

Medi-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. Directorio de atención primaria

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

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

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)
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

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

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

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. Directorio de atención primaria

 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


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
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
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
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
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

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


D2. Directorio de atención primaria

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

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
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

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
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

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
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. Directorio de atención primaria

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

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
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
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
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
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. Directorio de atención primaria

 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

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
Medi-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
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

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
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

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
Medi-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. Directorio de atención primaria

 *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. Directorio de atención primaria

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. Directorio de atención primaria

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 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. Directorio de atención primaria

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. Directorio de atención primaria

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. Directorio de atención primaria

 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

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

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


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

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


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


Email: 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


Email: janellek@fhcsd.org

D2. Directorio de atención primaria

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

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

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

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


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

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

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

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

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

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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

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)
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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

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

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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. Directorio de atención primaria

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

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 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

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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Email: 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

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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Email: janellek@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: 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

 525 E MAIN ST
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 Website: www.fhcsd.org

D2. Directorio de atención primaria

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

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

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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

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
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 Phone: (619) 873-8940

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 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

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

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. Directorio de atención primaria

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

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

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

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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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: 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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After Hours Phone: (619)
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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

SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON


Provider ID: 418340

Provider Gender: Female

License Number: A116680

D2. Directorio de atención primaria

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

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
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 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

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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 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

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

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

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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Email:

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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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

D2. Directorio de atención primaria

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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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

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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

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

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. Directorio de atención primaria

 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

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
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 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): **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

 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
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
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 8:00AM-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. Directorio de atención primaria

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

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 8:00AM-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

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

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

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

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

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. Directorio de atención primaria


662-4100

 Website: 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

Medi-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

Medi-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

Medi-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. Directorio de atención primaria

 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

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
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
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
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. Directorio de atención primaria

 Website: 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
g
Email:
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
g

Email:
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
g
Email:
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
g
Email:
aschmaltz@lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N
 Accessibility: CONTACT


D2. Directorio de atención primaria

<p><i>PROVIDER</i></p> <p><u>PEDIATRICS</u> CONE, STEPHANIE Provider ID: 418501 Provider Gender: Female License Number: A123929 NPI: 1437444858</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> 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</p> <p><input type="checkbox"/> 1032 BROADWAY EL CAJON, CA 92021 <input type="phone"/> Phone: (619) 795-5991 <input type="radio"/> After Hours Phone: (619) 795-5991 <input type="globe"/> Website: www.lamaestra.org</p> <p>Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Hours: M-F 8:30AM-5:30PM</p> <p><u>PEDIATRICS</u> CONE, STEPHANIE Provider ID: 418501 Provider Gender: Female License Number: A123929 NPI: 1437444858</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s)</p>	<p>Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO Board Certified Specialty: No</p> <p><input type="checkbox"/> 1032 BROADWAY EL CAJON, CA 92021 <input type="phone"/> Phone: (619) 795-5991 <input type="radio"/> After Hours Phone: (619) 795-5991 <input type="globe"/> Website: www.lamaestra.org</p> <p>Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Hours: M-F 8:30AM-5:30PM</p> <p><u>PEDIATRICS</u> FIGUEROA RODRIGUEZ, BRENDA Provider ID: 478971 Provider Gender: Female License Number: A114674 NPI: 1134205214</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No</p> <p><input type="checkbox"/> 133 W MAIN ST STE 100 EL CAJON, CA 92020 <input type="phone"/> Phone: (619) 873-8940 <input type="radio"/> After Hours Phone: (619) 873-8940 <input type="globe"/> Website: N/A</p> <p>Email: iselaocha@borregohealth.org Medi-Cal Open Panel: Yes Min/Max Age: 0\999 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p><u>PEDIATRICS</u> FLEMING, TARA Provider ID: 418340 Provider Gender: Female License Number: A152462 NPI: 1972965242</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL</p>	<p>Min/Max Age: 0\999 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p><u>PEDIATRICS</u> FIGUEROA RODRIGUEZ, BRENDA Provider ID: 478971 Provider Gender: Female License Number: A114674 NPI: 1134205214</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No</p> <p><input type="checkbox"/> 133 W MAIN ST STE 100 EL CAJON, CA 92020 <input type="phone"/> Phone: (619) 873-8940 <input type="radio"/> After Hours Phone: (619) 873-8940 <input type="globe"/> Website: N/A</p> <p>Email: iselaocha@borregohealth.org Medi-Cal Open Panel: Yes Min/Max Age: 0\999 American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p><u>PEDIATRICS</u> FLEMING, TARA Provider ID: 418340 Provider Gender: Female License Number: A152462 NPI: 1972965242</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL</p>
--	---	---

D2. Directorio de atención primaria

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

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
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

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
Email: 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. Directorio de atención primaria

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

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


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

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

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

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

Email: 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

Email: 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. Directorio de atención primaria

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
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🌐 Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):

D2. Directorio de atención primaria


N





 **Accessibility: CONTACT PROVIDER**
Hours: M-F 8:00AM-5:00PM

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

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

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):

D2. Directorio de atención primaria

N

 *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

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 *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

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 *Phone: (619) 312-0347*
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 *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*

D2. Directorio de atención primaria

 *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






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*
Medi-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*
Medi-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*
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

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
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 *Phone: (619) 515-2498*
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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

PHYSICIANS ASSISTANT

ZAMBRANA, GEORGE


Provider ID: 478971

D2. Directorio de atención primaria

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): Cultural Competency: N

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

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

 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

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

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

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
Medi-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
Medi-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
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

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Cultural Competency: N
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

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


D2. Directorio de atención primaria

 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

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
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 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

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
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

REGISTERED PHYSICAL THERAPIST

MIGNEA, DAVID

Provider ID: 418340
Provider Gender: Male
License Number: PT293536
NPI: 1043736879

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Cultural Competency: N
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




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

D2. Directorio de atención primaria

 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):
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 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

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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



D2. Directorio de atención primaria




 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

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
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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

D2. Directorio de atención primaria

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

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753-7842

 Website: N/A

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Spoken: Farsi


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 1130 2ND ST

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 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

D2. Directorio de atención primaria

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

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
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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

D2. Directorio de atención primaria

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

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

D2. Directorio de atención primaria

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

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


D2. Directorio de atención primaria

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): MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

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

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

D2. Directorio de atención primaria


 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

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
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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


PHYSICIANS ASSISTANT

CHISWICK, GARY

Provider ID: 480243
Provider Gender: Male
License Number: PA22667
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 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
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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

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)



D2. Directorio de atención primaria

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




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

D2. Directorio de atención primaria

 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


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

D2. Directorio de atención primaria

 After Hours Phone: (760) 690-5900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): Board Certified Specialty: No
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

 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):

D2. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

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*

Medi-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*

Medi-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*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

D2. Directorio de atención primaria

American Sign Language (ASL): Board Certified Specialty: No
N

 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): Hospital Affiliation: PALOMAR
MEDICAL CENTER

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

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

 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

 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: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

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

D2. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

COBIAN, VANESSA

Provider ID: 206271

Provider Gender: Female


License Number: A145349

NPI: 1134513039

 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

Hours: M-W 8:00AM-8:00PM

TH-F 8:00AM-5:00PM

FAMILY PRACTICE

COBIAN, VANESSA

Provider ID: 206271

Provider Gender: Female

License Number: A145349


NPI: 1134513039


 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

Hours: M-W 8:00AM-8:00PM

TH-F 8:00AM-5:00PM

FAMILY PRACTICE

COX, VICTORIA

Provider ID: 588941

Provider Gender: Female


License Number: C171064


NPI: 1093087819

 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

FAMILY PRACTICE


COX, VICTORIA

Provider ID: 588941

Provider Gender: Female


License Number: C171064


NPI: 1093087819

 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

FAMILY PRACTICE

FERRAILOLO, NATALIE

Provider ID: 206270

Provider Gender: Female


License Number: A152372


NPI: 1306290143

 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

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

SA 8:00AM-0:00PM

FAMILY PRACTICE

D2. Directorio de atención primaria

FERRAILOLO, NATALIE

Provider ID: 206270

Provider Gender: Female


License Number: A152372


NPI: 1306290143

 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

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

Medi-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

Medi-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

D2. Directorio de atención primaria

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

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):

 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):

 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):

 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):

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

Medi-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

Medi-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

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


D2. Directorio de atención primaria

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*

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

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

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


D2. Directorio de atención primaria


 *Provider English Spoken: Y* *Hours: M-F 8:00AM-5:00PM*
 *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*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): *Cultural Competency: N*

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*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): *Cultural Competency: N*

N

 *Accessibility: CONTACT*
PROVIDER

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*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria

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

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*

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*

Medi-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

D2. Directorio de atención primaria

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

Medi-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

Medi-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

Medi-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

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

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

D2. Directorio de atención primaria

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


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

 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

 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

 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

D2. Directorio de atención primaria

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
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
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

D2. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

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*

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):
MEMORIAL HOSPITAL
ENCINITAS*

 *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):

D2. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

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*

Medi-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*

Medi-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*

Medi-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*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria

N






 *Accessibility: CONTACT PROVIDER*
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

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*
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*
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

D2. Directorio de atención primaria

Min/Max Age: 0\21

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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

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


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

D2. Directorio de atención primaria

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


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

D2. Directorio de atención primaria

 After Hours Phone: (833) 867-4642

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): Cultural Competency: N

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


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

D2. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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

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

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

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




D2. Directorio de atención primaria


 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
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


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

D2. Directorio de atención primaria

 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

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

D2. Directorio de atención primaria

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

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

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

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

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

D2. Directorio de atención primaria

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

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

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

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

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
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723-6200


 Website: 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

D2. Directorio de atención primaria

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

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
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 After Hours Phone: (760)
723-6200

 Website: 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
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Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):
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PROVIDER

Hours: M 8:00AM-4:00PM

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W-TH 8:00AM-5:00PM

CERTIFIED NURSE PRACTITIONER


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License Number: NP95015717


NPI: 1801497284


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Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST
FALLBROOK, CA 92028

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723-6200

 Website: 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

D2. Directorio de atención primaria

 Website: www.vistacommu-nityclinic.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.vistacommu-nityclinic.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.vistacommu-nityclinic.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

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 Website: www.vistacommu-nityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):
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 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

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 Website: www.vistacommu-nityclinic.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.vistacommu-nityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FQHC

D2. Directorio de atención primaria


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

Medi-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

Medi-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: 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

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

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

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

D2. Directorio de atención primaria

 Phone: (760) 723-6200
 After Hours Phone: (760) 723-6200
 Website: 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
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
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

D2. Directorio de atención primaria

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):
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.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-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.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-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):

D2. Directorio de atención primaria

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


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*
Medi-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*
Medi-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*
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
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 *Phone: (619) 429-3733*

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429-3733*

 *Website: 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*
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

D2. Directorio de atención primaria

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
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429-3733
🌐 Website: 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

D2. Directorio de atención primaria

☎ 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

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

D2. Directorio de atención primaria

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

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): Cultural Competency: N

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

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

N

 Accessibility: CONTACT
PROVIDER

FQHC

LA MESA PEDIATRICS,


D2. Directorio de atención primaria

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

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

D2. Directorio de atención primaria

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: 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

D2. Directorio de atención primaria

☎ 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: 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

D2. Directorio de atención primaria

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
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


D2. Directorio de atención primaria

 *Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL, RADY
CHILDRENS HOSPITAL SAN
DIEGO, SHARP MARY BIRCH
HOSP FOR WOMEN AND
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

D2. Directorio de atención primaria

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

Medi-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

Medi-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

Medi-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

Medi-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

Medi-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

D2. Directorio de atención primaria

 *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*
Medi-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*
Medi-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*
Medi-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*
 *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

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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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

LEMON GROVE

CERTIFIED NURSE

PRACTITIONER

ALLEN, KATHERINE

Provider ID: 419139
Provider Gender: Female
License Number: NP95009933


D2. Directorio de atención primaria


NPI: 1831557024

 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

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

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A

Email: 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

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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515-2550

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Email: 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

D2. Directorio de atención primaria

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

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A

Email: 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

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

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

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A

Email: 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): After Hours Phone: (619)
515-2550

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

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

Website: N/A

Email: 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

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

D2. Directorio de atención primaria

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
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
LEMON GROVE, CA 91945
☎️ Phone: (619) 515-2550
🕒 After Hours Phone: (619) 515-2550
🌐 Website: N/A
Email: 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

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
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
☎️ Phone: (619) 515-2500
🕒 After Hours Phone: (619) 515-2500
🌐 Website: N/A
Email: 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

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
Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

Min/Max Age: 0\150

American Sign Language (ASL):
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

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

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

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A

Email: 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 **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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria

N

 *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
LEMON GROVE, CA 91945*

 *Phone: (619) 515-2550*

 *After Hours Phone: (619) 515-2550*

 *Website: N/A*

Email: 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
LEMON GROVE, CA 91945*

 *Phone: (619) 515-2550*

 *After Hours Phone: (619) 515-2550*

 *Website: N/A*

Email: 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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 *Phone: (619) 515-2550*

 *After Hours Phone: (619) 515-2550*

 *Website: N/A*

Email: 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

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

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

D2. Directorio de atención primaria

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550


 Website: N/A

Email: 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

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

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

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

D2. Directorio de atención primaria

 Phone: (619) 515-2550
 After Hours Phone: (619) 515-2550
 Website: N/A
Email: 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
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
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 Website: N/A
Email: 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
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150

D2. Directorio de atención primaria

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

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

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A

Email: 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
LEMON GROVE, CA 91945

 Phone: (619) 515-2550
 After Hours Phone: (619)
515-2550

 Website: N/A


Email: 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
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

D2. Directorio de atención primaria

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

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: N/A

Email: 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

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: N/A

Email: 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

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
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Email: 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

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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Email: 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

D2. Directorio de atención primaria

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)
515-2550

 Website: N/A

Email: 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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 Website: N/A

Email: 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 **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

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

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515-2500

 Website: N/A

Email: 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. Directorio de atención primaria

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

Medi-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

Medi-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

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) 515-2550

Website: N/A

Email: 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. Directorio de atención primaria

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

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

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Email: 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

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

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Email: 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

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

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D2. Directorio de atención primaria

 After Hours Phone: (619)
515-2550

 Website: N/A


Email: valeriade@fhcsd.org

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: 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

Medi-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
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426

 Website: 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

Medi-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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 Website: 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

DHARKAR SURBER, SAPNA

D2. Directorio de atención primaria

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

Email:

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
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434-7308

 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

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

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


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-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)

D2. Directorio de atención primaria

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: 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

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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

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
Email: 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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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

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.org

Email:
aschmaltz@lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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.org

Email:

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

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

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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434-7308

 Website: www.lamaestra.org

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

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

 After Hours Phone: (619)
434-7308

 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

CERTIFIED NURSE PRACTITIONER

REAL, MARIA

Provider ID: 185270

Provider Gender: Female

License Number: NP17328

D2. Directorio de atención primaria


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

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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

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

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 Website: www.lamaestra.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-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

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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

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

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

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. Directorio de atención primaria

 After Hours Phone: (619)
434-7308
 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

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
g
Email:
aschmaltz@lamaestra.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 8:00AM-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




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NATIONAL CITY, CA 91950
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 After Hours Phone: (619)
434-7308
 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

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
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


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
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 After Hours Phone: (619)
434-7308
 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. Directorio de atención primaria

 *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. Directorio de atención primaria

 *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. Directorio de atención primaria

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

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

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

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

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

D2. Directorio de atención primaria

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

Medi-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

Medi-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

Medi-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

Medi-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. Directorio de atención primaria


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

Email: 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

Email: 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/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

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/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

D2. Directorio de atención primaria

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

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

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
Email:

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
Email:

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria



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

Medi-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

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

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
Email:

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. Directorio de atención primaria

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
Email:

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

Medi-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

Medi-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

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




D2. Directorio de atención primaria

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
Medi-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
Medi-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

g
Email:
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
g

Email:
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. Directorio de atención primaria

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

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

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

g

Email: 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

g

Email: 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

D2. Directorio de atención primaria

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

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

Email: 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

Email: 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

Email:


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. Directorio de atención primaria

 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
g
Email:
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
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
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
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
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



D2. Directorio de atención primaria

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

Medi-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



Medi-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



Medi-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
Email:

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
Email:

dinah.pierce@syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150

D2. Directorio de atención primaria

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

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


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

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


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

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. Directorio de atención primaria


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): Board Certified Specialty: No

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

Email:

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

Email:

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: 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

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. Directorio de atención primaria

 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

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

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

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

g
Email:

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

g
Email:

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



D2. Directorio de atención primaria

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. Directorio de atención primaria

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
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
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
g
Email:
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
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 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
g
Email:

D2. Directorio de atención primaria

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): 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): 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): 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): 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): N

 *Accessibility: CONTACT PROVIDER*

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

D2. Directorio de atención primaria

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

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


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

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):

N

 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

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. Directorio de atención primaria

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

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

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
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434-7308

 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

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
Email: 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


Email: 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

Email:

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. Directorio de atención primaria

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
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







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
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

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
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

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
Medi-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
 Phone: (760) 631-5000
 After Hours Phone: (760)
631-5000
 Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999

D2. Directorio de atención primaria

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

Medi-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

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Provider Gender: Female


License Number: NP95003571


NPI: 1053776914

 Provider English Spoken: Y

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

Medi-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

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Provider ID: 206341

Provider Gender: Female


License Number: NP95003571


NPI: 1053776914

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

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OCEANSIDE, CA 92057

 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):

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 Accessibility: CONTACT PROVIDER

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

SA 9:00AM-4:00PM

CERTIFIED NURSE

PRACTITIONER

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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

Medi-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. Directorio de atención primaria

 After Hours Phone: (760) 631-5000
 Website: www.vistacommu-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
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
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

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

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

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
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

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.vistacommu-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

CERTIFIED NURSE

D2. Directorio de atención primaria

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


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

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

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

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

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

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)
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 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

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

D2. Directorio de atención primaria

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

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

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

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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

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

Medi-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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

D2. Directorio de atención primaria

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

Medi-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
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
American Sign Language (ASL):
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 Accessibility: CONTACT PROVIDER
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CERTIFIED NURSE

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Medi-Cal Open Panel: Yes
Min/Max Age: 0\999



American Sign Language (ASL):
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 Accessibility: CONTACT PROVIDER
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SA 9:00AM-4:00PM

CERTIFIED NURSE

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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. Directorio de atención primaria


 *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*
Medi-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
 *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*
*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*
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Spoken: Spanish*
Cultural Competency: N
*Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS*

Board Certified Specialty: No

 4700 N RIVER RD
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631-5000*



 *Website: 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
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631-5000*

 *Website: 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

D2. Directorio de atención primaria

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

Medi-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

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

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

Medi-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

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

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

Medi-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

D2. Directorio de atención primaria

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

Medi-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

 After Hours Phone: (760)
631-5000

 Website: 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

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

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)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

D2. Directorio de atención primaria

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

 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

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


MEDICAL CTR

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

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


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):  N

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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


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Board Certified Specialty: No

 4700 N RIVER RD

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 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

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

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. Directorio de atención primaria

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

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

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



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 Accessibility: CONTACT PROVIDER

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

SA 9:00AM-4:00PM

FAMILY PRACTICE

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Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Board Certified Specialty: No

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Medi-Cal Open Panel: Yes

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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

Medi-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. Directorio de atención primaria

 4700 N RIVER RD
OCEANSIDE, CA 92057
 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
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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FAMILY PRACTICE



VIDAL, MONICA



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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
Medi-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
 Phone: (760) 631-5000

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631-5000
 Website: 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
Medi-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. Directorio de atención primaria


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: 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

Medi-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

Medi-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

Medi-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

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 After Hours Phone: (760)
631-5000


 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

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
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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,

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

Medi-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

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


HORNE STREET,

Provider ID: 402436

NPI: 1609094036

 Provider English Spoken: Y
Cultural Competency: N

 517 N HORNE ST
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Fax: (760) 414-3892

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631-5000

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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


HORNE STREET,

Provider ID: 402436

NPI: 1609094036

 Provider English Spoken: Y
Cultural Competency: N

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):
N

D2. Directorio de atención primaria

 *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

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 818 PIER VIEW WAY
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Medi-Cal Open Panel: Yes

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American Sign Language (ASL):

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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. Directorio de atención primaria


631-5000
 Website: www.vistacommu-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-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

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

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

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

Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

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

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 Phone: (760) 631-5000

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631-5000

 Website: 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

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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


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

CALHOUN, CHANELLE

Provider ID: 480247

Provider Gender: Female

D2. Directorio de atención primaria

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: 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

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: 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


D2. Directorio de atención primaria

 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
 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: 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
 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
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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
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 Phone: (760) 736-6767
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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

D2. Directorio de atención primaria

SA 8:00AM-4:30PM


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

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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)
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 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. Directorio de atención primaria

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
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

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
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. Directorio de atención primaria

 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
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
Fax: (760) 414-3731
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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

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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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

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
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
Fax: (760) 414-3731
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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

D2. Directorio de atención primaria

PROVIDER		
<u>PEDIATRICS</u>	<i>Spoken: Spanish</i>	 3605 VISTA WAY STE 130
MILLER, DONALD	<i>Cultural Competency: N</i>	BLDG B
<i>Provider ID: 433589</i>	<i>Hospital Affiliation: TRI CITY</i>	OCEANSIDE, CA 92056
<i>Provider Gender: Male</i>	<i>MEDICAL CTR, RADY</i>	 <i>Phone: (760) 547-1010</i>
<i>NPI: 1154356582</i>	<i>CHILDRENS HOSPITAL SAN</i>	 <i>After Hours Phone: (760)</i>
 <i>Provider English Spoken: Y</i>	<i>DIEGO</i>	<i>547-1010</i>
<i>Cultural Competency: N</i>	<i>Board Certified Specialty: No</i>	 <i>Website: N/A</i>
<i>Hospital Affiliation: TRI CITY</i>	 2210 MESA DR STE 300	<i>Medi-Cal Open Panel: Yes</i>
<i>MEDICAL CTR, SCRIPPS</i>	OCEANSIDE, CA 92054	<i>Min/Max Age: 0\19</i>
<i>MEMORIAL HOSPITAL</i>	 <i>Phone: (760) 736-6767</i>	<i>American Sign Language (ASL):</i>
<i>ENCINITAS, RADY CHILDRENS</i>	<i>Fax: (760) 736-8740</i>	<i>N</i>
<i>HOSPITAL SAN DIEGO,</i>	 <i>After Hours Phone: (760)</i>	 <i>Accessibility: CONTACT</i>
<i>PALOMAR MEDICAL CENTER,</i>	<i>736-6767</i>	<i>PROVIDER</i>
<i>UCSF BENIOFF CHILDREN'S</i>	 <i>Website: N/A</i>	<i>Hours: M-F 8:00AM-5:00PM</i>
<i>HOSPITAL OAKLAND, SCRIPPS</i>	<i>Medi-Cal Open Panel: Yes</i>	
<i>MEMORIAL HOSPITAL</i>	<i>Min/Max Age: 0\19</i>	
<i>Board Certified Specialty: No</i>	<i>American Sign Language (ASL):</i>	
 3605 VISTA WAY BLDG B	<i>N</i>	
STE 130	 <i>Accessibility: CONTACT</i>	
OCEANSIDE, CA 92056	<i>PROVIDER</i>	
 <i>Phone: (760) 547-1010</i>	<i>Hours: M-F 8:00AM-5:00PM</i>	
 <i>After Hours Phone: (760)</i>	<i>SA 8:00AM-4:30PM</i>	
<i>547-1010</i>		
 <i>Website: N/A</i>	<u>PEDIATRICS</u>	
<i>Medi-Cal Open Panel: Yes</i>	PERKINS, RACHEL	
<i>Min/Max Age: 0\19</i>	<i>Provider ID: 435952</i>	
<i>American Sign Language (ASL):</i>	<i>Provider Gender: Female</i>	
<i>N</i>	<i>NPI: 1427398320</i>	
 <i>Accessibility: CONTACT</i>	 <i>Provider English Spoken: Y</i>	
<i>PROVIDER</i>	<i>Cultural Competency: N</i>	
<i>Hours: M-F 8:00AM-5:00PM</i>	<i>Hospital Affiliation: SCRIPPS</i>	
	<i>MEMORIAL HOSPITAL</i>	
	<i>ENCINITAS, SCRIPPS</i>	
	<i>MEMORIAL HOSPITAL, TRI</i>	
	<i>CITY MEDICAL CTR, UCSF</i>	
	<i>BENIOFF CHILDREN'S</i>	
	<i>HOSPITAL OAKLAND, RADY</i>	
	<i>CHILDRENS HOSPITAL SAN</i>	
	<i>DIEGO</i>	
	<i>Board Certified Specialty: No</i>	
<u>PEDIATRICS</u>		
PARK, RONALD		
<i>Provider ID: 271889</i>		
<i>Provider Gender: Male</i>		
<i>NPI: 1881695914</i>		
 <i>Provider English Spoken: Y</i>		
 <i>Provider Language(s)</i>		
		<u>PHYSICIANS ASSISTANT</u>
		CHISWICK, GARY
		<i>Provider ID: 480247</i>

D2. Directorio de atención primaria

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
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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. Directorio de atención primaria

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. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):  After Hours Phone: (858) 218-3000

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. Directorio de atención primaria


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. Directorio de atención primaria

 *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. Directorio de atención primaria


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. Directorio de atención primaria

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. Directorio de atención primaria


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

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

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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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
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

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
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

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


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

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
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

AQUINO, FELINO

Provider ID: 432308

Provider Gender: Male

D2. Directorio de atención primaria

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
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
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
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
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. Directorio de atención primaria

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. Directorio de atención primaria

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

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](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-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](http://www.sdfamilycare.org)

.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](http://www.sdfamilycare.org)

.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](http://www.syhealth.org/clinics/king-chavez-health-center)
/clinics/king- chavez- healt
h- center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N


D2. Directorio de atención primaria

 *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. Directorio de atención primaria


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

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

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

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

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

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. Directorio de atención primaria

 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

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
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

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
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



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

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

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

D2. Directorio de atención primaria

 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


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

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

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

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

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

CERTIFIED NURSE PRACTITIONER

HARRINGTON, BARBARA LORRAINE

D2. Directorio de atención primaria

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


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

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

Email: 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

Email: 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. Directorio de atención primaria

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

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

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

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

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. Directorio de atención primaria


 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

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
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

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: 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

D2. Directorio de atención primaria

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: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL): **JOHNSON, SHAWNA AKIKO**
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)
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

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. Directorio de atención primaria

.org
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)

D2. Directorio de atención primaria

 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: 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

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

D2. Directorio de atención primaria

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

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
Email: 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
Email: 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
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
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. Directorio de atención primaria


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): Board Certified Specialty: No

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): NPI: 1093130395

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. Directorio de atención primaria

 *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. Directorio de atención primaria

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

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

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

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

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
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

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
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

D2. Directorio de atención primaria

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
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

 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

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
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

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
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

CERTIFIED NURSE

PRACTITIONER

NOCEDA, ANA







Provider ID: 233532


Provider Gender: Female

License Number: NP19505

NPI: 1386971760

D2. Directorio de atención primaria

 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](http://www.sdfamilycare.org)
.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](http://www.sdfamilycare.org)
.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](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 8:30AM-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](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 8:30AM-5:30PM
TU 8:30AM-9:00PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

CERTIFIED NURSE

PRACTITIONER

D2. Directorio de atención primaria


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

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

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

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

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

Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

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

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

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


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

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

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

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


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

D2. Directorio de atención primaria

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

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
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

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
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

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
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

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
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

ORPILLA, IMELDA

Provider ID: 417101
Provider Gender: Female
License Number: NP95003211
NPI: 1790785988


Provider English Spoken: Y


D2. Directorio de atención primaria


 *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: 417101

Provider Gender: Female

License Number: NP95003211

NPI: 1790785988

 *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-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


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

D2. Directorio de atención primaria

 *Accessibility: CONTACT 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*

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


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*

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: 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*

Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

Min/Max Age: 0\150

American Sign Language (ASL): N
License Number: NP95012511
NPI: 1073169769

 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N
License Number: NP95012511
NPI: 1073169769

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N
License Number: NP95012511
NPI: 1073169769

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-5:30PM

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SA 9:00AM-4:00PM

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

279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N
License Number: NP95012511
NPI: 1073169769

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N
License Number: NP95012511
NPI: 1073169769

 Accessibility: CONTACT PROVIDER

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

CERTIFIED NURSE

PRACTITIONER

QUINTO, CINDY

Provider ID: 482070

D2. Directorio de atención primaria

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

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

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

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

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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

REID, EMILY


D2. Directorio de atención primaria


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

Email:


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

Email:

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

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

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: 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

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

D2. Directorio de atención primaria

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

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: 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

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

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

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. Directorio de atención primaria






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

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


.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

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





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)

D2. Directorio de atención primaria

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 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

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: 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

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

 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT

D2. Directorio de atención primaria

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

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: 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

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
 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

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

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. Directorio de atención primaria


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

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

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

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

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

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

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


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

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

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

D2. Directorio de atención primaria

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

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

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

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

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
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

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

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

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. Directorio de atención primaria


 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. Directorio de atención primaria

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


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

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


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

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


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


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

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


Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

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


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

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

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

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

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

D2. Directorio de atención primaria

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


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

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

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

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

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

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

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

Email: 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

D2. Directorio de atención primaria

 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

CERTIFIED NURSE PRACTITIONER

WILLIAMS, BREAHA


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

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

CERTIFIED NURSE

PRACTITIONER

WILLIAMS, BREAHA

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

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

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

Email: 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

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE

D2. Directorio de atención primaria

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

Email: 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

Email: 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

Email: 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


Email: 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


Email: sabay@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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


Email: 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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.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

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.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT

D2. Directorio de atención primaria

PROVIDER
Hours: M-F 8:00AM-4:30PM

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.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-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.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-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.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-TU 8:30AM-5:30PM

W 10:00AM-7:00PM
TH-F 8:30AM-5:30PM

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](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

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

D2. Directorio de atención primaria

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

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.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-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.or
g](http://www.lamaestra.or
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-5:00PM

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.or
g](http://www.lamaestra.or
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-5:00PM

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.syhe
alth.org/locations](https://www.syhe
alth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

D2. Directorio de atención primaria

American Sign Language (ASL):
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

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

D2. Directorio de atención primaria

SAN DIEGO, CA 92129
☎ Phone: (844) 200-2426
🕒 After Hours Phone: (844) 200-2426
🌐 Website: www.operationsamahana.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
Email: 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
Email: 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
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

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
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

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

D2. Directorio de atención primaria

 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-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
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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-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
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

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
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



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
Email: 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. Directorio de atención primaria

 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

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

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

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

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

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. Directorio de atención primaria

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

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
Email: 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
Email: 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
Email: 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
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

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
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**

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
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

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
Email: 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
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**

CHANG, AMY

Provider ID: 206360

D2. Directorio de atención primaria

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

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

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. Directorio de atención primaria

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

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

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

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

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

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

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

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

Email: 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. Directorio de atención primaria

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
Email: 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
Email: 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.syhe](https://www.syhealth.org/locations)
[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
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.syhe](https://www.syhealth.org/locations)
[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
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
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N


D2. Directorio de atención primaria

 *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: 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*

D2. Directorio de atención primaria

<p>PROVIDER</p>	<p> Website: www.fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER</p>	<p>Spoken: Spanish Cultural Competency: N Board Certified Specialty: No</p>
<p><u>FAMILY PRACTICE</u> BAHRAMZI, MARIA Provider ID: 417987 Provider Gender: Female License Number: A173486 NPI: 1588141865</p>	<p><u>FAMILY PRACTICE</u> BAIN, NATALIE Provider ID: 206360 Provider Gender: Female License Number: A183464 NPI: 1821677584</p>	<p> 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</p>
<p> Provider English Spoken: Y  Provider Language(s) Spoken: Pushto Cultural Competency: N Board Certified Specialty: No</p>	<p> Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Board Certified Specialty: No</p>	<p><u>FAMILY PRACTICE</u> BAUTISTA, LUIS Provider ID: 517403 Provider Gender: Male License Number: A97270 NPI: 1295712206</p>
<p> 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</p>	<p> 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</p>	<p> 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</p>
<p><u>FAMILY PRACTICE</u> BAHRAMZI, MARIA Provider ID: 206362 Provider Gender: Female License Number: A173486 NPI: 1588141865</p>	<p><u>FAMILY PRACTICE</u> BAIN, NATALIE Provider ID: 206360 Provider Gender: Female License Number: A183464 NPI: 1821677584</p>	<p> 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</p>
<p> Provider English Spoken: Y  Provider Language(s) Spoken: Pushto Cultural Competency: N Board Certified Specialty: No</p>	<p> Provider English Spoken: Y  Provider Language(s)</p>	

D2. Directorio de atención primaria

 *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. Directorio de atención primaria

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





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
Email: 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
Email: 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. Directorio de atención primaria


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

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

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

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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

D2. Directorio de atención primaria

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

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

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
Email: 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
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. Directorio de atención primaria

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
Email: 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

Email: 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
Email: 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
Email: 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
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. Directorio de atención primaria

 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
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
Email: 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
Email: 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: 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

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

COLLINS, WILLIAM

Provider ID: 417937
Provider Gender: Male
License Number: 20A15413
NPI: 1417361973
 Provider English Spoken: Y






D2. Directorio de atención primaria

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: 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
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
 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

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

 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. Directorio de atención primaria

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
Medi-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
Medi-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
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N

D2. Directorio de atención primaria

 *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. Directorio de atención primaria

 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

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

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

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

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

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

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. Directorio de atención primaria


 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

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

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

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

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

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

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

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. Directorio de atención primaria

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
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
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

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
Medi-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
Medi-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. Directorio de atención primaria

<p>PROVIDER</p> <p><u>FAMILY PRACTICE</u></p> <p>KAUFHOLD, ANNE</p> <p>Provider ID: 227409</p> <p>Provider Gender: Female</p> <p>License Number: A88893</p> <p>NPI: 1164508073</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Arabic, Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113</p> <p><input type="checkbox"/> Phone: (619) 662-4100</p> <p>Fax: (619) 858-1003</p> <p><input type="checkbox"/> After Hours Phone: (619) 662-4100</p> <p><input type="checkbox"/> Website: https://www.syhealth.org/locations</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 4874 POLK AVE SAN DIEGO, CA 92105</p> <p><input type="checkbox"/> Phone: (619) 515-2426</p> <p><input type="checkbox"/> After Hours Phone: (619) 515-2426</p> <p><input type="checkbox"/> Website: www.fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8:30AM-5:30PM</p> <p><u>FAMILY PRACTICE</u></p> <p>KAUFMAN, JENNIFER CHILYN</p> <p>Provider ID: 417987</p> <p>Provider Gender: Female</p> <p>License Number: G149974</p> <p>NPI: 1407818768</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Mandarin</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 4874 POLK AVE SAN DIEGO, CA 92105</p> <p><input type="checkbox"/> Phone: (619) 515-2426</p> <p><input type="checkbox"/> After Hours Phone: (619) 515-2426</p> <p><input type="checkbox"/> Website: www.fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8:30AM-5:30PM</p> <p><u>FAMILY PRACTICE</u></p> <p>KEFLEZIGHI, BAHGHI</p>	<p>Provider ID: 206363</p> <p>Provider Gender: Female</p> <p>License Number: A100391</p> <p>NPI: 1124210844</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 4725 MARKET ST SAN DIEGO, CA 92102</p> <p><input type="checkbox"/> Phone: (619) 515-2560</p> <p>Fax: (619) 263-2499</p> <p><input type="checkbox"/> After Hours Phone: (619) 515-2560</p> <p><input type="checkbox"/> Website: www.fhcsd.org</p> <p>Email: nancyl@fhcsd.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p><u>FAMILY PRACTICE</u></p> <p>KEFLEZIGHI, BAHGHI</p> <p>Provider ID: 206363</p> <p>Provider Gender: Female</p> <p>License Number: A100391</p> <p>NPI: 1124210844</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS</p>
---	--	--

D2. Directorio de atención primaria

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

Email: 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

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

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. Directorio de atención primaria

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

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
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

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
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
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. Directorio de atención primaria

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. Directorio de atención primaria

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

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

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

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

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. Directorio de atención primaria

 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

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

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

 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 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

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

D2. Directorio de atención primaria

 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

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
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
 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 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

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
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

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
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

FAMILY PRACTICE

MORALES, ALEJANDRA


Provider ID: 227409
Provider Gender: Female
License Number: A162332


D2. Directorio de atención primaria


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
Email: 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. Directorio de atención primaria


 Provider English Spoken: Y Hours: M-F 8:00AM-5:00PM
 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

Email: 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 Hours: M-F 8:00AM-5:00PM


 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


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

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

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. Directorio de atención primaria

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. Directorio de atención primaria

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. Directorio de atención primaria

 *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. Directorio de atención primaria

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*

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*

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. Directorio de atención primaria

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
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, RYLEE


Provider ID: 402851
Provider Gender: Male
License Number: A162946
NPI: 1457887911
☐ Provider English Spoken: Y
Cultural Competency: N

D2. Directorio de atención primaria

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

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

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

Email: dalvarado@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

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

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

D2. Directorio de atención primaria

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

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

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

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. Directorio de atención primaria

 *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. Directorio de atención primaria

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. Directorio de atención primaria

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

Email: 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
Email: 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: 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

D2. Directorio de atención primaria

 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



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
Email: 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: 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
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


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
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

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
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. Directorio de atención primaria

 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


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

Email: 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

Email: 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

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

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. Directorio de atención primaria

515-2400
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

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
Email: 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
Email: 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
Email: 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
Email: 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

D2. Directorio de atención primaria

Email: 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. Directorio de atención primaria

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

 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


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
Email: 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
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 *Accessibility: CONTACT*

D2. Directorio de atención primaria

<p><i>PROVIDER</i></p> <p><u>FAMILY PRACTICE</u> ZINK, IRENE Provider ID: 227409 Provider Gender: Female License Number: C54198 NPI: 1215959549</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: German Cultural Competency: N Hospital Affiliation: SCRIPPS</p> <p>MEMORIAL HOSPITAL Board Certified Specialty: No</p> <p><input type="checkbox"/> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113 <input type="phone"/> Phone: (619) 662-4100 <input type="clock"/> After Hours Phone: (619) 662-4100 <input type="globe"/> Website: https://www.syhealth.org/locations Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:00PM</p> <p><u>FAMILY PRACTICE</u> ZINK, IRENE Provider ID: 227409 Provider Gender: Female License Number: C54198 NPI: 1215959549</p> <p><input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: German Cultural Competency: N Hospital Affiliation: SCRIPPS</p>	<p>MEMORIAL HOSPITAL Board Certified Specialty: No</p> <p><input type="checkbox"/> 3177 OCEAN VIEW BLVD SAN DIEGO, CA 92113 <input type="phone"/> Phone: (619) 662-4100 <input type="clock"/> After Hours Phone: (619) 662-4100 <input type="globe"/> Website: https://www.syhealth.org/locations Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:00PM</p> <p><u>FQHC</u> DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC, Provider ID: 206363 NPI: 1982747671</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N</p> <p><input type="checkbox"/> 4725 MARKET ST SAN DIEGO, CA 92102 <input type="phone"/> Phone: (619) 515-2560 Fax: (619) 263-2499 <input type="clock"/> After Hours Phone: (619) 515-2560 <input type="globe"/> Website: www.fhcsd.org Email: nancyl@fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p> <p><u>FQHC</u> DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC, Provider ID: 206363 NPI: 1982747671</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N</p> <p><input type="checkbox"/> 4725 MARKET ST SAN DIEGO, CA 92102 <input type="phone"/> Phone: (619) 515-2560 Fax: (619) 263-2499 <input type="clock"/> After Hours Phone: (619) 515-2560 <input type="globe"/> Website: www.fhcsd.org Email: nancyl@fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>	<p>Provider ID: 206363 NPI: 1982747671</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N</p> <p><input type="checkbox"/> 4725 MARKET ST SAN DIEGO, CA 92102 <input type="phone"/> Phone: (619) 515-2560 Fax: (619) 263-2499 <input type="clock"/> After Hours Phone: (619) 515-2560 <input type="globe"/> Website: www.fhcsd.org Email: nancyl@fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p> <p><u>FQHC</u> DOWNTOWN FAMILY CTR AT CONNECTIONS, Provider ID: 417782 NPI: 1588901045</p> <p><input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N</p> <p><input type="checkbox"/> 1250 6TH AVE STE 100 SAN DIEGO, CA 92101 <input type="phone"/> Phone: (619) 515-2430 Fax: (619) 578-2410 <input type="clock"/> After Hours Phone: (619) 515-2430 <input type="globe"/> Website: www.fhcsd.org Email: jinah@fhcsd.org Medi-Cal Open Panel: Yes Min/Max Age: 0\150 American Sign Language (ASL): N <input type="wheelchair"/> Accessibility: CONTACT PROVIDER Hours: M-F 8:00AM-5:00PM</p>
--	---	--

D2. Directorio de atención primaria

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

Email: 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

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

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

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
Email: 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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

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
Email: jinah@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria

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

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
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

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
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: 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
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
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 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
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 8:00AM-5:00PM

FQHC

FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,


D2. Directorio de atención primaria

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

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


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


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

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

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

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

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


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

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

FQHC

FAMILY HLTH CTR SD HILLCREST,

Provider ID: 417937

NPI: 1629456900







 Provider English Spoken: Y
Cultural Competency: N

D2. Directorio de atención primaria

 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
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

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
Medi-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
Medi-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
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

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
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

FQHC

LINDA VISTA HEALTH CARE CTR,

Provider ID: 206046
NPI: 1780665877
 Provider English Spoken: Y
Cultural Competency: N
 6973 LINDA VISTA RD

D2. Directorio de atención primaria

SAN DIEGO, CA 92111
☎ Phone: (858) 279-0925
Fax: (858) 633-4680
🕒 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

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
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
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
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
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

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

Email: 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

Email: 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: 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

Medi-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

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: 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

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

D2. Directorio de atención primaria

 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

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
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

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
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


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
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

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
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

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
Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

Min/Max Age: 0\150

American Sign Language (ASL): *Medi-Cal Open Panel: Yes*

N

 Accessibility: CONTACT PROVIDER

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

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.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

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.operationsa

mahan.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.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

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.operationsa

mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FQHC

OPERATION SAMAHAN RANCHO PENASQUITOS,

Provider ID: 418535

NPI: 1699216622

 Provider English Spoken: Y
Cultural Competency: N

D2. Directorio de atención primaria

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

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

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

Medi-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

Medi-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

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

NPI: 1457724858

Provider English Spoken: Y
Cultural Competency: N

7011 LINDA VISTA RD

D2. Directorio de atención primaria

SAN DIEGO, CA 92111
☎ Phone: (858) 810-8700
Fax: (858) 633-4680
📞 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 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
🌐 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\120
American Sign Language (ASL):

D2. Directorio de atención primaria






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
License Number: A80461
NPI: 1417935081
 *Provider English Spoken: Y*
Cultural Competency: N

D2. Directorio de atención primaria

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 HOSPITAL, SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No

10737 CAMINO RUIZ STE
235

D2. Directorio de atención primaria

SAN DIEGO, CA 92126
 Phone: (844) 200-2426
 After Hours Phone: (844) 200-2426
 Website: 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

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.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


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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

GENERAL PRACTICE

D2. Directorio de atención primaria

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: 16\150

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

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

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

Provider Gender: Female

License Number: A122238

NPI: 1982044483

Provider English Spoken: Y

Provider Language(s)

Spoken: Arabic

Cultural Competency: N

D2. Directorio de atención primaria

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

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
Email: 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
Email: 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
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

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

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

D2. Directorio de atención primaria

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

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

Email: 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

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

BRIONES COLMAN, FELICIA


Provider ID: 417937

Provider Gender: Female

License Number: A80153

D2. Directorio de atención primaria


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

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

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

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

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

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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

D2. Directorio de atención primaria

American Sign Language (ASL): NPI: 1699138115

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

Medi-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

 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

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

Email: 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


Email: 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


VISTA

Board Certified Specialty: No

 4094 4TH AVE
SAN DIEGO, CA 92103

D2. Directorio de atención primaria

 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

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
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

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
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

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
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

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
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

INTERNAL MEDICINE

DOMINGUEZ, FERNANDO


Provider ID: 417937

Provider Gender: Male

License Number: A154708






NPI: 1972917672

 Provider English Spoken: Y

 Provider Language(s)



D2. Directorio de atención primaria






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
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
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

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
Email: 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
CENTER, PALOMAR MEDICAL
CENTER
Board Certified Specialty: No
 1809 NATIONAL AVE

D2. Directorio de atención primaria

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

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
Email: 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
Email: 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
Medi-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
Medi-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
After Hours Phone: (619) 515-2430
Website: www.fhcsd.org
Email: jinah@fhcsd.org

D2. Directorio de atención primaria

Medi-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
Email: 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

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

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

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

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

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

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

D2. Directorio de atención primaria

Fax: (619) 501-9645

☎ 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

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

Email: 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

Email: 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

Board Certified Specialty: No

📍 3544 30TH ST
SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

☎ After Hours Phone: (619)

D2. Directorio de atención primaria

515-2424
Website: 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
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

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

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
Email: 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 MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL
Board Certified Specialty: No

D2. Directorio de atención primaria


 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

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

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

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

Email: 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

Email: 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)
810-8700

 Website: www.sdfamilycare.org

D2. Directorio de atención primaria

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

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

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

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

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

Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

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

Email: 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

Email: 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

Email: 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

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

D2. Directorio de atención primaria

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

SASSIC, JESSICA

Provider ID: 417937

Provider Gender: Female

License Number: A185024


D2. Directorio de atención primaria


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

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

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


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

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


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

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


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

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


Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150



American Sign Language (ASL):

D2. Directorio de atención primaria

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
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

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
Email: 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
Email: 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
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


VALDEZ, KRYSTAL

Provider ID: 417101
Provider Gender: Female
License Number: A156854

D2. Directorio de atención primaria

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

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

Email: 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

Email: 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

 Phone: (619) 233-8500

 After Hours Phone: (619)
233-8500


 Website: N/A

Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

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

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

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

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

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



Board Certified Specialty: No

 950 S EUCLID AVE
SAN DIEGO, CA 92114

 Phone: (619) 662-4100







 After Hours Phone: (619) 662-4100

D2. Directorio de atención primaria

 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

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
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
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

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 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
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

INTERVENTIONAL

CARDIOLOGY

SHETABI, KAMBIZ

Provider ID: 206363
Provider Gender: Male
License Number: A126187
NPI: 1972827806
 Provider English Spoken: Y
 Provider Language(s)

D2. Directorio de atención primaria

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
Email: 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
Email: 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

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

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

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

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)

D2. Directorio de atención primaria

280-4213
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-5:00PM

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
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-5:00PM

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
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
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
Phone: (619) 515-2424
After Hours Phone: (619)
515-2424


Website: www.fhcsd.org
Email: jenanm@fhcsd.org

D2. Directorio de atención primaria

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

Email: 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: 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: 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

D2. Directorio de atención primaria

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: 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

Email: 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



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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

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

SAN DIEGO, CA 92111





Phone: (858) 279-0925

After Hours Phone: (858)
279-0925

D2. Directorio de atención primaria



 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
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
SAN DIEGO, CA 92111
 Phone: (858) 279-0925
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 Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N
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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
Email: 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
 After Hours Phone: (619) 515-2424
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

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

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

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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

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515-2424

 Website: 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: 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
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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

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
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 Phone: (619) 515-2444

 After Hours Phone: (619)

D2. Directorio de atención primaria

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


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

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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


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

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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

 After Hours Phone: (619) 515-2420

 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


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

D2. Directorio de atención primaria

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

Email: 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

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2420

After Hours Phone: (619)
515-2420

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

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

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2420

After Hours Phone: (619)
515-2420

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

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

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

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

1809 NATIONAL AVE

D2. Directorio de atención primaria

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

CARTER, KHALIL

Provider ID: 402851
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

📍 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): NPI: 1225231582

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-W 8:30AM-5:00PM
TH 9:30AM-6:00PM

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
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

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 206362
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

📍 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-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, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR

Board Certified Specialty: No

📍 3544 30TH ST

D2. Directorio de atención primaria

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-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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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

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 402851
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
3705 MISSION BLVD
SAN DIEGO, CA 92109
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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-5:00PM
TH 9:30AM-6:00PM

OBSTETRICS / GYNECOLOGY

CERVANTES, SANDRA

Provider ID: 402851
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
3705 MISSION BLVD
SAN DIEGO, CA 92109
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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

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
SAN DIEGO, CA 92104
Phone: (619) 515-2424

D2. Directorio de atención primaria

 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-TH 8:00AM-5:30PM

F 8:00AM-5:00PM

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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 Phone: (619) 515-2424

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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

OBSTETRICS / GYNECOLOGY


CERVANTES, SANDRA

Provider ID: 206362

Provider Gender: Female

License Number: A118095

NPI: 1073701041

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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

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
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Hours: M-TH 8:00AM-5:30PM

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CERVANTES, SANDRA


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Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP


CORONADO HOSP AND


HEALTHCARE CTR,

GROSSMONT HOSPITAL

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 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

OBSTETRICS / GYNECOLOGY

CERVANTES, SANDRA

Provider ID: 402851

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

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444



 After Hours Phone: (619)

D2. Directorio de atención primaria

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

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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 Phone: (619) 515-2300
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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
Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM
F 8:00AM-5:30PM
SA 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
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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 8:00AM-7:00PM
TU-TH 8:00AM-6:00PM
F 8:00AM-5:30PM
SA 8:00AM-5:00PM

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
 4725 MARKET ST
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 Phone: (619) 515-2560
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 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


CERVANTES, SANDRA

Provider ID: 206363
Provider Gender: Female
License Number: A118095
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 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SHARP
CORONADO HOSP AND

D2. Directorio de atención primaria



HEALTHCARE CTR,
GROSSMONT HOSPITAL
Board Certified Specialty: No

 4725 MARKET ST
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 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

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
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 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: 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
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 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

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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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

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 Phone: (619) 515-2300
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515-2300
 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150

D2. Directorio de atención primaria

American Sign Language (ASL): NPI: 1326531401

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): License Number: A163464

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: 416831

Provider Gender: Female

License Number: A163464

 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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 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

CHAKRABARTI, PRIYA


Provider ID: 416831

Provider Gender: Female

License Number: A163464

NPI: 1326531401

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 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


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Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

D2. Directorio de atención primaria

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

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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

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

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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

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

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 Phone: (619) 515-2444

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 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

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

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Email: 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: 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

Email: 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


D2. Directorio de atención primaria

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

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
Email: 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
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



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
Email: 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
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 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

DORUELO, ASHLEY

Provider ID: 206360


Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y



D2. Directorio de atención primaria

 *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*
Email: 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*

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
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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

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
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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*

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
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Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
*American Sign Language (ASL):
N*
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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*
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515-2424*
 *Website: www.fhcsd.org*

D2. Directorio de atención primaria

Email: 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)
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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

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

Email: 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
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
SAN DIEGO, CA 92104

D2. Directorio de atención primaria

 Phone: (619) 515-2424
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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):
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 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:


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SCRIPPS MERCY HOSPITAL
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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

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

 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

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Provider Language(s)
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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

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


D2. Directorio de atención primaria

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
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 Phone: (619) 515-2300
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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
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
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TU-TH 8:00AM-6:00PM
F 8:00AM-5:30PM
SA 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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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

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 Provider Language(s)
Spoken: Spanish, Yue
Chinese

Cultural Competency: N
Hospital Affiliation:
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D2. Directorio de atención primaria

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

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Medi-Cal Open Panel: Yes

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OBSTETRICS / GYNECOLOGY


HANLEY, LAUREN

Provider ID: 206363

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Cultural Competency: N


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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


MERCY HOSPITAL, Sharp

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Board Certified Specialty: No

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Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
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 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

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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: 402851

Provider Gender: Female

D2. Directorio de atención primaria

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: 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: 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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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: 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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OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

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Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


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 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. Directorio de atención primaria

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
Email: 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
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
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PROVIDER
Hours: M-TH 8:30AM-5:30PM
F 8:30AM-5:00PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 402851
Provider Gender: Female
License Number: A72005
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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

3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
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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

Hours: M-W 8:30AM-5:00PM
TH 9:30AM-6:00PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 416831
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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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PROVIDER

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206362
Provider Gender: Female
License Number: A72005
NPI: 1649208711
Provider English Spoken: Y
Provider Language(s)

D2. Directorio de atención primaria

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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OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

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Provider Language(s)
Spoken: Spanish
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CORONADO HOSP AND
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MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No

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Hours: M-W 8:30AM-5:00PM
TH 9:30AM-6:00PM

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

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Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Yes
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Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206360
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Cultural Competency: N

Hospital Affiliation: SHARP
CORONADO HOSP AND
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MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No

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Accessibility: CONTACT
PROVIDER
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA


Provider ID: 206363
Provider Gender: Female
License Number: A72005
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D2. Directorio de atención primaria

 *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: 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

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Spoken: Spanish*

Cultural Competency: N
*Hospital Affiliation: SHARP
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MERCY HOSPITAL,
GROSSMONT HOSPITAL*
Board Certified Specialty: No

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 *Website: www.fhcsd.org*
Email: 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


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

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OBSTETRICS / GYNECOLOGY


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Cultural Competency: N
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GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA*
Board Certified Specialty: No

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OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON



Provider ID: 206360
Provider Gender: Female
License Number: A116680
NPI: 1700073962

D2. Directorio de atención primaria

 *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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 *Phone: (619) 515-2300*
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Email: dalvarado@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 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
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 *Provider Language(s)
Spoken: Spanish*
Cultural Competency: N
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SCRIPPS MERCY HOSPITAL,






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OBSTETRICS / GYNECOLOGY **LOEFFLER, ALLISON**

Provider ID: 402851
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License Number: A116680
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Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation:
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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: 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

D2. Directorio de atención primaria

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

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

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

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

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515-2424

Website: 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

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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

OBSTETRICS / GYNECOLOGY

MELLENDEZ BERRIOS, IARA DEL



Provider ID: 416831

Provider Gender: Female



License Number: A114181


NPI: 1740514249

D2. Directorio de atención primaria

 *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)
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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: 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
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 *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

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Cultural Competency: N


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GROSSMONT HOSPITAL*
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OBSTETRICS / GYNECOLOGY



MELENDEZ BERRIOS, IARA DEL

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Provider Gender: Female



License Number: A114181


NPI: 1740514249

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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-F 8:30AM-5:30PM

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


D2. Directorio de atención primaria

 3705 MISSION BLVD
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OBSTETRICS / GYNECOLOGY


MELENDEZ BERRIOS, IARA DEL

Provider ID: 402851

Provider Gender: Female

License Number: A114181

NPI: 1740514249

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 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS
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GROSSMONT HOSPITAL

Board Certified Specialty: No

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Email: 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: 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

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 Phone: (619) 515-2300

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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

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

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Email: dalvarado@fhcsd.org

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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


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. Directorio de atención primaria

 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


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

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


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
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
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. Directorio de atención primaria

SAN DIEGO, CA 92109
Phone: (616) 515-2444
After Hours Phone: (616) 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

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
After Hours Phone: (616) 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

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
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
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
HEALTHCARE CTR,
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

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
HEALTHCARE CTR,
GROSSMONT HOSPITAL
Board Certified Specialty: No
3514 30TH ST
SAN DIEGO, CA 92104










D2. Directorio de atención primaria






 Phone: (619) 515-2424
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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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 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 **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
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
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
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
 1809 NATIONAL AVE
SAN DIEGO, CA 92113
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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
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: 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
HEALTHCARE CTR,
GROSSMONT HOSPITAL
Board Certified Specialty: No
 4725 MARKET ST

D2. Directorio de atención primaria

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OBSTETRICS / GYNECOLOGY

RODRIGUEZ JEREZ, ROBERTO

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Cultural Competency: N
Hospital Affiliation: SCRIPPS
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F 8:00AM-5:30PM
SA 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
Board Certified Specialty: No

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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
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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

D2. Directorio de atención primaria

American Sign Language (ASL): *Cultural Competency: N*
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*
Email: 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

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: 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

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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*
Hours: M-TH 8:00AM-5:00PM

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. Directorio de atención primaria


 *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
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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
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*
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 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*
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 MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified Specialty: No
 6973 LINDA VISTA RD
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 *Phone: (858) 279-0925*
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 *Website: 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 MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified Specialty: No
 6973 LINDA VISTA RD
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 *Phone: (858) 279-0925*
 *After Hours Phone: (858) 279-0925*

D2. Directorio de atención primaria

 Website: 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: 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
 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

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
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

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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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: 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

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Medi-Cal Open Panel: Yes
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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: 206363
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198

D2. Directorio de atención primaria

 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

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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

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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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

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


Email: 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

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 Phone: (619) 515-2300

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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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

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
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Phone: (619) 515-2420

After Hours Phone: (619)
515-2420

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

WINESBURG, JENNIFER

Provider ID: 206360

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

1809 NATIONAL AVE
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Phone: (619) 515-2300

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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

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

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

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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. Directorio de atención primaria

PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY



WINESBURG, JENNIFER

Provider ID: 206360

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) 515-2300

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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 8:00AM-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
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



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

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 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

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 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

D2. Directorio de atención primaria

American Sign Language (ASL): Provider Gender: Female
N

 Accessibility: CONTACT
PROVIDER

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

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

Email: 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: 402851

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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 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

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

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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

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

D2. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): Provider English Spoken: Y
Cultural Competency: 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

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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

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

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 Website: www.fhcsd.org

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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

Email: 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: 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):

D2. Directorio de atención primaria


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: 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: 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: 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. Directorio de atención primaria

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):

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
Email: 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
Email: 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. Directorio de atención primaria

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

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
Email: 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
Email: 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. Directorio de atención primaria

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

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
Email: 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
Email: 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

9
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

D2. Directorio de atención primaria

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

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

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

Email:

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

Email:

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: 233532


Provider Gender: Male

License Number: A72833

D2. Directorio de atención primaria

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

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

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

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: 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

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. Directorio de atención primaria

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. Directorio de atención primaria

 *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. Directorio de atención primaria

 *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

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*
Email: 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*
Email: 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. Directorio de atención primaria

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, 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

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

D2. Directorio de atención primaria

PROVIDER		
<u>PEDIATRICS</u>	VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO	255-9154  Website: www.lamaestra.org
CHEN, JENNIFER	Board Certified Specialty: No	g
Provider ID: 206363	 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105	Email: aschmaltz@lamaestra.org
Provider Gender: Female	 Phone: (619) 255-9154	aschmaltz@lamaestra.org
License Number: A141057	 After Hours Phone: (619) 255-9154	Medi-Cal Open Panel: Yes
NPI: 1255785150	 Website: www.lamaestra.org	Min/Max Age: 0\150
 Provider English Spoken: Y	g	American Sign Language (ASL): N
Cultural Competency: N	Email: aschmaltz@lamaestra.org	 Accessibility: CONTACT PROVIDER
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO	Medi-Cal Open Panel: Yes	Hours: M-F 8:00AM-6:00PM SA 8:00AM-2:00PM
Board Certified Specialty: No	Min/Max Age: 0\150	<u>PEDIATRICS</u>
 4725 MARKET ST SAN DIEGO, CA 92102	American Sign Language (ASL): N	CORDES, WILLIAM
 Phone: (619) 515-2560	 Accessibility: CONTACT PROVIDER	Provider ID: 206360
 After Hours Phone: (619) 515-2560	Hours: M-F 8:00AM-6:00PM SA 8:00AM-2:00PM	Provider Gender: Male
 Website: www.fhcsd.org		License Number: 20A15743
Email: nancyl@fhcsd.org		NPI: 1174942544
Medi-Cal Open Panel: Yes	<u>PEDIATRICS</u>	 Provider English Spoken: Y
Min/Max Age: 0\150	CONE, STEPHANIE	 Provider Language(s) Spoken: Spanish
American Sign Language (ASL): N	Provider ID: 185268	Cultural Competency: N
 Accessibility: CONTACT PROVIDER	Provider Gender: Female	Hospital Affiliation: SCRIPPS MERCY HOSPITAL
	License Number: A123929	Board Certified Specialty: No
	NPI: 1437444858	 1809 NATIONAL AVE SAN DIEGO, CA 92113
	 Provider English Spoken: Y	 Phone: (619) 515-2300
	 Provider Language(s) Spoken: Spanish	 After Hours Phone: (619) 515-2300
	Cultural Competency: N	 Website: www.fhcsd.org
	Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO	Email: dalvarado@fhcsd.org
	Board Certified Specialty: No	Medi-Cal Open Panel: Yes
	 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105	Min/Max Age: 0\150
	 Phone: (619) 255-9154	American Sign Language (ASL): N
	 After Hours Phone: (619)	 Accessibility: CONTACT PROVIDER
		Hours: M 8:00AM-7:00PM



D2. Directorio de atención primaria

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
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

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

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

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. Directorio de atención primaria

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. Directorio de atención primaria

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

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

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

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

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

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M 8:30AM-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

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

D2. Directorio de atención primaria

 *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. Directorio de atención primaria

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. Directorio de atención primaria

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. Directorio de atención primaria

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. Directorio de atención primaria

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


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

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

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. Directorio de atención primaria

 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

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
Email:

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. Directorio de atención primaria

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
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-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
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 8:30AM-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
Email: 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
Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

D2. Directorio de atención primaria

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

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

D2. Directorio de atención primaria

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

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
Medi-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

Medi-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

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. Directorio de atención primaria

 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-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
Email: 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
Email: 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
Email: 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
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

SEBSO, JODI

D2. Directorio de atención primaria

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

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

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

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

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. Directorio de atención primaria

 *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: 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*

Email: 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*

Email: 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: 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

D2. Directorio de atención primaria

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,

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

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. Directorio de atención primaria

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. Directorio de atención primaria

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

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
Email: 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. Directorio de atención primaria

 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: 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
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
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

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
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: 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

D2. Directorio de atención primaria

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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

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
Email: 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
Email: 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

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 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
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 8:00AM-5:00PM

PHYSICIANS ASSISTANT

ARMENTA, JORGE

Provider ID: 185268

D2. Directorio de atención primaria

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
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

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
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

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
Email: 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
Email: 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

CASTILLO, PATRICIA

D2. Directorio de atención primaria

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

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

Email: 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

Email: 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. Directorio de atención primaria

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

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
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 **DROME, 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\150
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT **DROME, 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
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
Email: 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

D2. Directorio de atención primaria

Email: 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

Email: 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

Email: 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

Email: 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

Email: 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


D2. Directorio de atención primaria

Email: 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
Email: 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
Email: 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
Email: 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: 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

D2. Directorio de atención primaria

 *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: 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*

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: 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*

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. Directorio de atención primaria


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. Directorio de atención primaria

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

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

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

Email:

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

Email:

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

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

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. Directorio de atención primaria

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

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
Email: 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
Email: 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
Email: 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
Email: 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
Email: dalvarado@fhcsd.org

D2. Directorio de atención primaria

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


Email: 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

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

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

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. Directorio de atención primaria

 *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. Directorio de atención primaria

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
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
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. Directorio de atención primaria

 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: 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: 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



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. Directorio de atención primaria

 *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
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

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. Directorio de atención primaria

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

Medi-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

Medi-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
Email: 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
Email: 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. Directorio de atención primaria

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

Email: 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

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

Email: 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

Email: 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

Email: nancyl@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

Email: 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. Directorio de atención primaria


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


Email: 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: 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


Email: 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: 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

Email: 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

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

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


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

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. Directorio de atención primaria

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

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

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

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

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

D2. Directorio de atención primaria


 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 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

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

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

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):


N

D2. Directorio de atención primaria



 *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*


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*

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*

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**

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*

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. Directorio de atención primaria

 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

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

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

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
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

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

D2. Directorio de atención primaria

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

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
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

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
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

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
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

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
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

REGISTERED PHYSICAL THERAPIST

CUMMINGS, GEORGE

Provider ID: 417937
Provider Gender: Male
License Number: PT295173
NPI: 1497236384
 Provider English Spoken: Y


D2. Directorio de atención primaria


 *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. Directorio de atención primaria

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

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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

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

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 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

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

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
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

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
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 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

REGISTERED PHYSICAL


THERAPIST

IRIZARRY, NICOLE


Provider ID: 206360


D2. Directorio de atención primaria


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
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

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
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

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
Email: 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
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Email: 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)
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 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

REGISTERED PHYSICAL THERAPIST

MIGNEA, DAVID

D2. Directorio de atención primaria

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

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 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

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)
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 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


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

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 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

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
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

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
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria

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. Directorio de atención primaria

 *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

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

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
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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*

SAN MARCOS

CERTIFIED NURSE

PRACTITIONER

BINETTE, DONYA

Provider ID: 206426







Provider Gender: Female

License Number: NP95001653

NPI: 1427325166

 *Provider English Spoken: Y*



D2. Directorio de atención primaria

 *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
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
SAN MARCOS, CA 92069
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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



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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 *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
 *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*

D2. Directorio de atención primaria

 *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

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
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
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
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
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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*

D2. Directorio de atención primaria

 *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




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
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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

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
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 *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
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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. Directorio de atención primaria

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

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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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
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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

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N

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PROVIDER

CERTIFIED NURSE

PRACTITIONER

FREEMAN, WANDA

Provider ID: 206426

Provider Gender: Female

License Number: NP95003903


D2. Directorio de atención primaria


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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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

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PROVIDER

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Min/Max Age: 0\150

American Sign Language (ASL):

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 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

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American Sign Language (ASL):

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 Accessibility: CONTACT
PROVIDER

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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. Directorio de atención primaria

 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):
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 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
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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

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. Directorio de atención primaria



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

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



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

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



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

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



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):
N
 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

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

D2. Directorio de atención primaria

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

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):

N

 Accessibility: CONTACT
PROVIDER

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

 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


MACIAS, ALISSA

Provider ID: 206426

Provider Gender: Female

License Number: NP21368


NPI: 1952658445


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069

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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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 Accessibility: CONTACT
PROVIDER

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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SAN MARCOS, CA 92069

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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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 Accessibility: CONTACT
PROVIDER

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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SAN MARCOS, CA 92069

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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 **MACIAS, ALISSA**

D2. Directorio de atención primaria

Provider ID: 206426

Provider Gender: Female


License Number: NP21368


NPI: 1952658445

 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

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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 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

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

 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

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

SA 8:00AM-5:00PM

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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CERTIFIED REGISTERED

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BELANGER, TANYA

Provider ID: 206426

Provider Gender: Female

License Number: NM235844

NPI: 1407287469


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Cultural Competency: N


Hospital Affiliation: PALOMAR

MEDICAL CENTER

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 Accessibility: CONTACT
PROVIDER

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

SA 8:00AM-5:00PM

D2. Directorio de atención primaria

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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Provider Gender: Female

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Cultural Competency: N

Hospital Affiliation: PALOMAR
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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

 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

Hours: M-F 8:00AM-5:00PM
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
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 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):
N

 Accessibility: CONTACT
PROVIDER

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

D2. Directorio de atención primaria

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 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

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Accessibility: CONTACT PROVIDER

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NURSE MIDWIFE

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License Number: NM235997
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Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No

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CERTIFIED REGISTERED

NURSE MIDWIFE

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NURSE MIDWIFE

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American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER


FAMILY PRACTICE

MATIAS, JULIE

Provider ID: 206426
Provider Gender: Female
License Number: 20A15159

D2. Directorio de atención primaria

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

 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

FAMILY PRACTICE

MATIAS, JULIE

Provider ID: 206426

Provider Gender: Female

License Number: 20A15159

NPI: 1083094510


 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):

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PROVIDER

FAMILY PRACTICE


MATIAS, JULIE

Provider ID: 206426

Provider Gender: Female

License Number: 20A15159

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

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License Number: 20A15159

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 Provider Language(s)
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FAMILY PRACTICE

MATIAS, JULIE


Provider ID: 206426

Provider Gender: Female

License Number: 20A15159

NPI: 1083094510


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

MATIAS, JULIE


Provider ID: 206426

Provider Gender: Female

License Number: 20A15159

NPI: 1083094510

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

D2. Directorio de atención primaria

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

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

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

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

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

Hours: M-F 8:00AM-5:00PM
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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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SAN MARCOS, CA 92069

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American Sign Language (ASL):
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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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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



D2. Directorio de atención primaria





 *Provider Language(s)
Spoken: Bengali*
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*
*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
 150 VALPRED A RD
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N*
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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
 *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*
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 *After Hours Phone: (760)
736-6767*
 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\999
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N*
 *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
 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
 *Phone: (760) 736-6767*
Fax: (760) 736-6744
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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

D2. Directorio de atención primaria

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

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PROVIDER

FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 614511

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Provider English Spoken: Y

Provider Language(s)
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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
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

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Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

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Provider ID: 206426

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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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Min/Max Age: 0\150

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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. Directorio de atención primaria

Spoken: Farsi
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
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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FAMILY PRACTICE

SAFI, ROOZCHEHR

Provider ID: 206426
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Spoken: Farsi

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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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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
 Phone: (760) 736-6767

D2. Directorio de atención primaria

 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

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

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

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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Min/Max Age: 0\150

American Sign Language (ASL):
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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
Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


FQHC


TRUECARE,

Provider ID: 614511

NPI: 1598484255

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
Medi-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. Directorio de atención primaria

FQHC


TRUECARE,

Provider ID: 614511

NPI: 1245246917

 Provider English Spoken: Y
Cultural Competency: N

 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

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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: 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

Medi-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: 206426

NPI: 1598484255

 Provider English Spoken: Y
Cultural Competency: N

 150 VALPREDA RD
SAN MARCOS, CA 92069

 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-5:00PM

FQHC


TRUECARE,

Provider ID: 206426

NPI: 1811617939

 Provider English Spoken: Y
Cultural Competency: N

 150 VALPREDA RD
SAN MARCOS, CA 92069

 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-5:00PM

FQHC


TRUECARE,

Provider ID: 206426

NPI: 1245246917

 Provider English Spoken: Y
Cultural Competency: N

 150 VALPREDA RD
SAN MARCOS, CA 92069

 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-5:00PM

FQHC


TRUECARE,

Provider ID: 614511

NPI: 1598484255

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

D2. Directorio de atención primaria

N
 *Accessibility: CONTACT PROVIDER*
Hours: M-F 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*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL):

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NPI: 1245246917

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 1595 GRAND AVE STE 106
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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. Directorio de atención primaria

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
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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

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 Website: www.ihpsocal.org
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PROVIDER

GENERAL PRACTICE


WITCZAK, IZABELA

Provider ID: 206426

Provider Gender: Female

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NPI: 1184735201

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Spoken: Polish




Cultural Competency: N


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MEMORIAL HOSPITAL

ENCINITAS

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 Provider Language(s)
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ENCINITAS

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MEMORIAL HOSPITAL

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 Accessibility: CONTACT
PROVIDER

GENERAL PRACTICE





WITCZAK, IZABELA


D2. Directorio de atención primaria

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
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 150 VALPRED A RD
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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

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
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
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736-6767
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Medi-Cal Open Panel: Yes
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PROVIDER

INTERNAL MEDICINE

PONIACHIK, SAMUEL

Provider ID: 206426
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License Number: G74757
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Spoken: Spanish
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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

D2. Directorio de atención primaria

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
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

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
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

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

 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

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

 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

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

SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

MOSTOFIAN, EIMANEH

Provider ID: 206426

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 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

 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):

D2. Directorio de atención primaria



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

 *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*
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

 *150 VALPRED A RD*
SAN MARCOS, CA 92069
 *Phone: (760) 736-6767*
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N

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OBSTETRICS / GYNECOLOGY

MOSTOFIAN, EIMANEH

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
 *Provider English Spoken: Y*
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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
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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*
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

 *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*

OBSTETRICS / GYNECOLOGY


POUNTNEY, MARLENE

Provider ID: 206426
Provider Gender: Female

D2. Directorio de atención primaria

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

 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

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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Min/Max Age: 0\150

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OBSTETRICS / GYNECOLOGY


POUNTNEY, MARLENE

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MEDICAL CENTER

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 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

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

Medi-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


MARY BIRCH HOSP FOR


WOMEN AND NEWBORNS,

PALOMAR MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD
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OBSTETRICS / GYNECOLOGY


SCHWEIKERT, SUZANNE


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Provider Gender: Female

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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

Medi-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


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

D2. Directorio de atención primaria

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

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
Medi-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
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
PALOMAR MEDICAL CENTER
Board Certified Specialty: No
 150 VALPRED A RD
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 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

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):
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

D2. Directorio de atención primaria

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

MALHOTRA, ARATI

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306


Provider English Spoken: Y


Provider Language(s)
Spoken: Hindi, Spanish

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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 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

PEDIATRICS

MALHOTRA, ARATI

Provider ID: 206426

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Provider Language(s)
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Hospital Affiliation: TRI CITY
MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

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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

Min/Max Age: 0\150

American Sign Language (ASL):
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. Directorio de atención primaria

 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. Directorio de atención primaria

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):

 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):

 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):

 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. Directorio de atención primaria


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
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
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
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
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. Directorio de atención primaria

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

 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

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):

D2. Directorio de atención primaria

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):

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 *Accessibility: CONTACT PROVIDER*

PHYSICIANS ASSISTANT

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Cultural Competency: N


Hospital Affiliation: PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

 *1595 GRAND AVE STE 106 SAN MARCOS, CA 92078*

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 *Website: www.ihpsocal.org*

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Min/Max Age: 0\999

American Sign Language (ASL):

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 *Accessibility: CONTACT PROVIDER*

PHYSICIANS ASSISTANT

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Provider ID: 614511

Provider Gender: Female

License Number: PA17718

NPI: 1821237678

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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. Directorio de atención primaria

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):
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PHYSICIANS ASSISTANT

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Provider ID: 206426

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 *Provider English Spoken: Y*
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Board Certified Specialty: No

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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*

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

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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. Directorio de atención primaria

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
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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
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Board Certified Specialty: No
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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. Directorio de atención primaria

 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

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
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

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Cultural Competency: N

Board Certified Specialty: No

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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

D2. Directorio de atención primaria


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

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

Medi-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

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

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PROVIDER

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

SA 8:00AM-5:00PM

PHYSICIANS ASSISTANT

RUSSO, KRISTA

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 Provider English Spoken: Y
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Min/Max Age: 0\150

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PROVIDER

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

SA 8:00AM-5:00PM

PHYSICIANS ASSISTANT

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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. Directorio de atención primaria

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

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 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

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
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
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Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
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American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

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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
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
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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. Directorio de atención primaria

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



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 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):
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 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

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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 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



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
 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




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



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PHYSICIANS ASSISTANT

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 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
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736-6767

 Website: www.ihpsocal.org

D2. Directorio de atención primaria

Medi-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

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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

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

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. Directorio de atención primaria


 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

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

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

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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

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

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 3364 BEYER BLVD
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D2. Directorio de atención primaria






 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
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Medi-Cal Open Panel: Yes
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American Sign Language (ASL): N
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CERTIFIED NURSE

PRACTITIONER

CHAUSSE CASTRO, EKATERINA



Provider ID: 227469
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NPI: 1154040418
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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
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

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

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 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



CERTIFIED NURSE

PRACTITIONER

GUADARRAMA, IGNACIO

Provider ID: 227469
Provider Gender: Male
License Number: NP95003671
NPI: 1821331174


D2. Directorio de atención primaria


 *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*

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*

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*

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. Directorio de atención primaria

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

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: 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>

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

D2. Directorio de atención primaria

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

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

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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. Directorio de atención primaria

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150





American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER




CHIROPRACTOR



OCHOA, RAUL

D2. Directorio de atención primaria

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
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
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
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662-4100
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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. Directorio de atención primaria

<i>PROVIDER</i>	 <i>Provider Language(s) Spoken: Spanish</i>	 <i>Phone: (619) 662-4100</i>
<u>FAMILY PRACTICE</u>	<i>Cultural Competency: N</i>	 <i>After Hours Phone: (619) 662-4100</i>
ALVAREZ-ESTRADA, MIGUEL	<i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL</i>	 <i>Website: syhealth.org/clinic s/maternal- child- health- c enter</i>
<i>Provider ID: 227411</i>	<i>Board Certified Specialty: No</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Provider Gender: Male</i>	 <i>4004 BEYER BLVD</i>	<i>Min/Max Age: 0\150</i>
<i>License Number: A157505</i>	<i>SAN YSIDRO, CA 92173</i>	<i>American Sign Language (ASL): N</i>
<i>NPI: 1588197826</i>	 <i>Phone: (619) 662-4100</i>	 <i>Accessibility: CONTACT PROVIDER</i>
 <i>Provider English Spoken: Y</i>	 <i>After Hours Phone: (619) 662-4100</i>	<i>Hours: M-F 8:30AM-5:00PM</i>
 <i>Provider Language(s) Spoken: Spanish</i>	 <i>Website: www.syhealth.org /clinics/san- ysidro- health - center</i>	
<i>Cultural Competency: N</i>	<i>Medi-Cal Open Panel: Yes</i>	
<i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL</i>	<i>Min/Max Age: 0\150</i>	<u>FAMILY PRACTICE</u>
<i>Board Certified Specialty: No</i>	<i>American Sign Language (ASL): N</i>	ALVAREZ-ESTRADA, MIGUEL
 <i>4050 BEYER BLVD</i>	 <i>Accessibility: CONTACT PROVIDER</i>	<i>Provider ID: 206292</i>
<i>SAN YSIDRO, CA 92173</i>		<i>Provider Gender: Male</i>
 <i>Phone: (619) 662-4100</i>		<i>License Number: A157505</i>
 <i>After Hours Phone: (619) 662-4100</i>		<i>NPI: 1588197826</i>
 <i>Website: syhealth.org/clinic s/maternal- child- health- c enter</i>	<u>FAMILY PRACTICE</u>	 <i>Provider English Spoken: Y</i>
<i>Medi-Cal Open Panel: Yes</i>	ALVAREZ-ESTRADA, MIGUEL	 <i>Provider Language(s) Spoken: Spanish</i>
<i>Min/Max Age: 0\150</i>	<i>Provider ID: 227411</i>	<i>Cultural Competency: N</i>
<i>American Sign Language (ASL): N</i>	<i>Provider Gender: Male</i>	<i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL</i>
 <i>Accessibility: CONTACT PROVIDER</i>	<i>License Number: A157505</i>	<i>Board Certified Specialty: No</i>
<i>Hours: M-F 8:30AM-5:00PM</i>	<i>NPI: 1588197826</i>	 <i>4004 BEYER BLVD</i>
	 <i>Provider English Spoken: Y</i>	<i>SAN YSIDRO, CA 92173</i>
	 <i>Provider Language(s) Spoken: Spanish</i>	 <i>Phone: (619) 662-4100</i>
<u>FAMILY PRACTICE</u>	<i>Cultural Competency: N</i>	 <i>After Hours Phone: (619) 662-4100</i>
ALVAREZ-ESTRADA, MIGUEL	<i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL</i>	 <i>Website: www.syhealth.org /clinics/san- ysidro- health - center</i>
<i>Provider ID: 206292</i>	<i>Board Certified Specialty: No</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>Provider Gender: Male</i>	 <i>4050 BEYER BLVD</i>	<i>Min/Max Age: 0\150</i>
<i>License Number: A157505</i>		<i>American Sign Language (ASL):</i>
<i>NPI: 1588197826</i>		
 <i>Provider English Spoken: Y</i>		

D2. Directorio de atención primaria

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*

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*

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*

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*

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. Directorio de atención primaria

 *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*
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*
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*
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*
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*

D2. Directorio de atención primaria

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

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

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

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 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

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

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. Directorio de atención primaria

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

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

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

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

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

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 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

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

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

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

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. Directorio de atención primaria

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

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

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. Directorio de atención primaria

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
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
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
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. Directorio de atención primaria

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

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

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

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

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






D2. Directorio de atención primaria

- 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
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 Phone: (619) 662-4100
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 Website: <https://www.syhealth.org/locations>
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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

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

- 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
- 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. Directorio de atención primaria

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

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

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)

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

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. Directorio de atención primaria

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

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

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. Directorio de atención primaria

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


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

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

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

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. Directorio de atención primaria

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

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

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

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: www.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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

D2. Directorio de atención primaria

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

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

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

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. Directorio de atención primaria

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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT

D2. Directorio de atención primaria

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
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
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
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
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


D2. Directorio de atención primaria

/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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria

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*

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*

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*

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*

Medi-Cal Open Panel: Yes

D2. Directorio de atención primaria

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

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

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://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

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. Directorio de atención primaria

 *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. Directorio de atención primaria

 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

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

Medi-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

Medi-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

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

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. Directorio de atención primaria

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

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
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

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. Directorio de atención primaria


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

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

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

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

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. Directorio de atención primaria





 *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. Directorio de atención primaria


 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


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

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

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. Directorio de atención primaria

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

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

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

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


D2. Directorio de atención primaria

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

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
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
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. Directorio de atención primaria

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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

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

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

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

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

D2. Directorio de atención primaria

/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. Directorio de atención primaria

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

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

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. Directorio de atención primaria

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

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

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

D2. Directorio de atención primaria

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, ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL, SCRIPPS MERCY 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

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

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
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 Phone: (619) 662-4100

Fax: (619) 205-6341

 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

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. Directorio de atención primaria


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

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

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

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

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. Directorio de atención primaria

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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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

D2. Directorio de atención primaria

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

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

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: 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

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. Directorio de atención primaria


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

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

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

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: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL): N

 *Accessibility: CONTACT 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

D2. Directorio de atención primaria

- 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

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

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

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: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

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/clinic/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

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

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/clinic/s/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

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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

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. Directorio de atención primaria

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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria

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. Directorio de atención primaria

- 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*
Provider Gender: Male
License Number: A49307
NPI: 1982662193
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: 206292
 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. Directorio de atención primaria

Fax: (619) 205-1948

☎ After Hours Phone: (619) 662-4100

🌐 Website: 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: 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/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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

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

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

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

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

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. Directorio de atención primaria

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

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

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

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

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. Directorio de atención primaria




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. Directorio de atención primaria

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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

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: 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

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: 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

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

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

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



D2. Directorio de atención primaria


[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](#)



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](#)



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](#)


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](#)

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. Directorio de atención primaria

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

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

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

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

Medi-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. Directorio de atención primaria

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


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

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

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

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

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. Directorio de atención primaria

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. Directorio de atención primaria


 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
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
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: 206292
Provider Gender: Male
License Number: DPM2930
NPI: 1790890788
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP

D2. Directorio de atención primaria

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

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): 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

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🕒 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

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. Directorio de atención primaria

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

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

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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

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

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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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

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
Email: 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. Directorio de atención primaria

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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 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

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

 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

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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 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

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

Email: 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

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

D2. Directorio de atención primaria

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. Directorio de atención primaria

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. Directorio de atención primaria

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

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
Email: 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
Email: 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
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

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. Directorio de atención primaria

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

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

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

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

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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After Hours Phone: (619)
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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

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

Email: 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. Directorio de atención primaria

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
 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

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

 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

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
 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

FOLCH TORRES-AGUIAR,

D2. Directorio de atención primaria

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

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-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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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

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

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

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

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

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

D2. Directorio de atención primaria

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

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

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

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

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

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

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

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. Directorio de atención primaria

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*

 *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*

 *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


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
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-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*

D2. Directorio de atención primaria

 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

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

Email: 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

 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

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
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

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
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

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. Directorio de atención primaria

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SHARP
CORONADO HOSP AND
HEALTHCARE CTR,
GROSSMONT HOSPITAL,
DESERT REGIONAL MED 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
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

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 **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
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-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

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-F 9:00AM-5:00PM

PEDIATRICS **JI, AMANDA**


Provider ID: 206361

D2. Directorio de atención primaria

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
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

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

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

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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

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

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

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

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

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. Directorio de atención primaria

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. Directorio de atención primaria

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. Directorio de atención primaria

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. Directorio de atención primaria

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

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

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

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

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

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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

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

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

WILLIAMS, JINA

Provider ID: 400339



D2. Directorio de atención primaria

Provider Gender: Female N
License Number: NP95020624  Accessibility: CONTACT PROVIDER
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
Email: 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
Email: 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
Email: 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
Email: 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. Directorio de atención primaria

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

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

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

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


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

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

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

Email: 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. Directorio de atención primaria

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


Email: 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

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. Directorio de atención primaria

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. Directorio de atención primaria

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. Directorio de atención primaria

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
Email: 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
Email: 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

American Sign Language (ASL): 591-7750

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)

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. Directorio de proveedores especialistas

 *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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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

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

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. Directorio de proveedores especialistas

 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: 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

GUADARRAMA, IGNACIO


Provider ID: 300304

Board Certified Specialty: No

 880 THIRD 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: 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

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

Provider English Spoken: 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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

LOZANO, JUAN

Provider ID: 303517

Board Certified Specialty: No

 1637 THIRD AVE STE 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

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. Directorio de proveedores especialistas

 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):

N
 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

 *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. Directorio de proveedores especialistas

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: 0\999
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F
8:30AM-5:00PM
 Website: N/A

INTERVENTIONAL

CARDIOLOGY

SUDHAKAR, DEEPTHI

Provider ID: 296051

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: 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

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

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,

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

D3. Directorio de proveedores especialistas

 *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. Directorio de proveedores especialistas


 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. Directorio de proveedores especialistas

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

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. Directorio de proveedores especialistas

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: 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

VIDEEN, JOHN

D3. Directorio de proveedores especialistas

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

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

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. Directorio de proveedores especialistas

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

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. Directorio de proveedores especialistas

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: 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

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

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. Directorio de proveedores especialistas


 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: 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):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
9:00AM-6:00PM

 Website: N/A

OPTOMETRIST







MASCARENO, EFRAIN

Provider ID: 268679

Board Certified Specialty: No

 2260 OTAY LAKES RD STE


D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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):
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. Directorio de proveedores especialistas

☎ 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

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

D3. Directorio de proveedores especialistas

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: 295945

Board Certified Specialty: No

 2452 FENTON ST STE C101
CHULA VISTA, CA 91914

 Phone: (619) 600-5309

D3. Directorio de proveedores especialistas

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

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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: 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

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

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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


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


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

 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: 286782

Board Certified Specialty: No

 1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

D3. Directorio de proveedores especialistas

☎ 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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas



 *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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

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

 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

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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

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

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas




 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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas






 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):  After Hours Phone: (619)
662-4100
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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: 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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


 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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas


 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


HOSPITAL SAN DIEGO

Medi-Cal Open Panel: 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas



 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. Directorio de proveedores especialistas


 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: 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


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


PULMONARY DISEASES

BAUTISTA, JENNIFER

Provider ID: 297958

Board Certified Specialty: No

 354 SANTA FE DR
ENCINITAS, CA 92024

 Phone: (760) 943-8806

D3. Directorio de proveedores especialistas

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

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. Directorio de proveedores especialistas




 *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 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

D3. Directorio de proveedores especialistas



 *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: 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

 *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

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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



D3. Directorio de proveedores especialistas

 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
 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. Directorio de proveedores especialistas



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. Directorio de proveedores especialistas









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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

8:00AM-5:00PM
Website: N/A

NEPHROLOGY

AL-DAHHAN, 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas


CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: 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: 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


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

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


 *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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 *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. Directorio de proveedores especialistas


 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): 743-1431
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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F
8:00AM-5:00PM
SA 8:00AM-0:00PM*
 *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*

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*

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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 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 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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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

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

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. Directorio de proveedores especialistas

PROVIDER
Hours: M-TH
7:00AM-7:00PM
F 7:00AM-4:00PM
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

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

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


Medi-Cal Open Panel: 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

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. Directorio de proveedores especialistas

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: 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
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

D3. Directorio de proveedores especialistas

 *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. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

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

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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


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


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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

 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: 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

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

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. Directorio de proveedores especialistas

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: 301710
Board Certified Specialty: No
 9300 CAMPUS POINT DR

D3. Directorio de proveedores especialistas

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, BRENNIA

Provider ID: 300006
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: 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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: 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

D3. Directorio de proveedores especialistas

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

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

 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


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. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

 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
8:00AM-5:00PM

 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

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

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. Directorio de proveedores especialistas

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: 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):
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):
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):
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):
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. Directorio de proveedores especialistas

 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: 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


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

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. Directorio de proveedores especialistas

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

DAVE, SHRAVAN

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

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: 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

D3. Directorio de proveedores especialistas

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

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. Directorio de proveedores especialistas

 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: 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


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

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: 303058

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

CHEN, YU-WEI

Provider ID: 303057

D3. Directorio de proveedores especialistas

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

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. Directorio de proveedores especialistas

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

RUBENSIK, 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. Directorio de proveedores especialistas

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: 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

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







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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

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

KVIATKOVSKY, MILLA

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

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

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

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. Directorio de proveedores especialistas

 *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: 273963
Board Certified Specialty: No
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

D3. Directorio de proveedores especialistas

 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

SEBASKY, MEGHAN

Provider ID: 273964

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: 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. Directorio de proveedores especialistas

 *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


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

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. Directorio de proveedores especialistas

 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: 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)

D3. Directorio de proveedores especialistas

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: 277682
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: 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

☐ 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

☐ 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

☐ 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

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. Directorio de proveedores especialistas

 *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

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: 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. Directorio de proveedores especialistas


DIEGO

Medi-Cal Open Panel: 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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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

QAYOUMI, WALI

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

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. Directorio de proveedores especialistas

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: 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

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

DRIEBE, AMY

Provider ID: 291334

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: 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: 291335

Board Certified Specialty: No

📍 8910 VILLA LA JOLLA DR

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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

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

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas




 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. Directorio de proveedores especialistas

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: 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

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: 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

D3. Directorio de proveedores especialistas

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: 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

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


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. Directorio de proveedores especialistas

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: 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

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

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. Directorio de proveedores especialistas

☎ 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: 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

D3. Directorio de proveedores especialistas

 Accessibility: CONTACT PROVIDER
 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

 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

 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


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

D3. Directorio de proveedores especialistas

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: 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

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

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. Directorio de proveedores especialistas

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: 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

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

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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

GILANI, SAPIDEH

Provider ID: 299558

Board Certified Specialty: No

 9350 CAMPUS POINT DR LA JOLLA, CA 92037

 Phone: (800) 926-8273

D3. Directorio de proveedores especialistas

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: 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

☎ 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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas


 **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. Directorio de proveedores especialistas

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 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

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

Fax: (888) 539-8781

Min/Max Age: 0\999

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

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F
8:00AM-5:00PM

🌐 Website: N/A

D3. Directorio de proveedores especialistas

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


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

Min/Max Age: 0\999

American Sign Language (ASL):

 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):

 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):

 Accessibility: CONTACT PROVIDER

 Website: N/A

OTOLARYNGOLOGY

WATSON, DEBORAH

Provider ID: 299644

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

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

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

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

Provider English Spoken: Y
Provider Language(s)

D3. Directorio de proveedores especialistas




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
STE LLA
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 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

CLINICAL

ALLEN, ELIZABETH

D3. Directorio de proveedores especialistas

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

PATHOLOGY ANATOMIC

D3. Directorio de proveedores especialistas

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: 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

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

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

After Hours Phone: (800)
926-8273

Provider Gender: Male

D3. Directorio de proveedores especialistas

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

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: 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

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

D3. Directorio de proveedores especialistas

Medi-Cal Open Panel: 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

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

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

Provider ID: 284764

Board Certified Specialty: No


 9300 CAMPUS POINT DR

D3. Directorio de proveedores especialistas

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

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

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


N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

D3. Directorio de proveedores especialistas

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

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

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
THORNTON

Medi-Cal Open Panel: Yes


D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Female

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

 Phone: (800) 926-8273

 After Hours Phone: (800)

D3. Directorio de proveedores especialistas

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: 298429
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: 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: 298431
Board Certified Specialty: No
📍 3855 HEALTH SCIENCES
DR

D3. Directorio de proveedores especialistas

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

PHYSICIANS ASSISTANT

D3. Directorio de proveedores especialistas

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

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

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

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

MCADAMS, JOSEPH

Provider ID: 280612

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)

D3. Directorio de proveedores especialistas

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

PELIO, DARREN

Provider ID: 293442

D3. Directorio de proveedores especialistas

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

 After Hours Phone: (800)
926-8273

Provider Gender: Female

D3. Directorio de proveedores especialistas

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

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

D3. Directorio de proveedores especialistas

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: 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: 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: 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: 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









American Sign Language (ASL):
N

D3. Directorio de proveedores especialistas

 *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: 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*

D3. Directorio de proveedores especialistas

 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
 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)
926-8372
Provider Gender: Male

D3. Directorio de proveedores especialistas

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: 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


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


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: 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

EICHEN, DAWN

Provider ID: 245715

D3. Directorio de proveedores especialistas

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

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-CHESHER, 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
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON

D3. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1679869556

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

Fax: (888) 539-8781

 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):

N

 Accessibility: CONTACT

D3. Directorio de proveedores especialistas

 **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):

 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
Cultural Competency: N

Hospital Affiliation: UCSD

D3. Directorio de proveedores especialistas

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

 Provider English Spoken: Y

D3. Directorio de proveedores especialistas

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
Min/Max Age: 0\999

D3. Directorio de proveedores especialistas

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

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
Cultural Competency: N

D3. Directorio de proveedores especialistas

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: 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): Provider Gender: Male

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


Medi-Cal Open Panel: Yes

D3. Directorio de proveedores especialistas

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):

 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):

 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):

 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):

N

D3. Directorio de proveedores especialistas


 *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): N

D3. Directorio de proveedores especialistas

 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: 258431

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: 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: 202327

Board Certified Specialty: No

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

D3. Directorio de proveedores especialistas



 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

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: 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

D3. Directorio de proveedores especialistas

MEDICAL CTR, UCSD LA JOLLA THERAPIST


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


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

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


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

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

D3. Directorio de proveedores especialistas

REGISTERED PHYSICAL

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: 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

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

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):

D3. Directorio de proveedores especialistas

N

 *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*

D3. Directorio de proveedores especialistas

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: 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):

D3. Directorio de proveedores especialistas

N

 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: 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


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

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

D3. Directorio de proveedores especialistas

LA JOLLA, CA 92037
☎ 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


D3. Directorio de proveedores especialistas


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


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

 Accessibility: CONTACT
PROVIDER

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

 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

 Accessibility: CONTACT
PROVIDER

 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

 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

D3. Directorio de proveedores especialistas

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


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: 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

D3. Directorio de proveedores especialistas

 **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


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: 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

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 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


D3. Directorio de proveedores especialistas

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: 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




D3. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*
 *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: 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

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


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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

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: 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
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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

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: 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

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

INTERVENTIONAL **CARDIOLOGY**

TAGHIZADEH, BEHZAD

D3. Directorio de proveedores especialistas

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

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

Website: N/A

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 9:00AM-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

D3. Directorio de proveedores especialistas

 *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: 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*

 *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: 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

D3. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas


 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

MOSHAGHI, 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. Directorio de proveedores especialistas




 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. Directorio de proveedores especialistas

📞 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


 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: 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

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

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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

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

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. Directorio de proveedores especialistas


DIEGO

Medi-Cal Open Panel: 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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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

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: 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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 *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. Directorio de proveedores especialistas


 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. Directorio de proveedores especialistas

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: 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

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

NEPHROLOGY

D3. Directorio de proveedores especialistas

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: 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

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):

D3. Directorio de proveedores especialistas

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):

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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


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

NOVENCIDO, ANDREW
Provider ID: 286784
Board Certified Specialty: No
📍 3400 E 8TH ST STE 108

D3. Directorio de proveedores especialistas

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: 301996

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 301315

Board Certified Specialty: No

 517 N HORNE ST
OCEANSIDE, CA 92054

 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: 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

CHILAKA, SAMUEL

Provider ID: 301314

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: 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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

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

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: 302300

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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: 302299

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: 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

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

KELLEHER, BRIDGET



Provider ID: 298081

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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: 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

D3. Directorio de proveedores especialistas

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
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. Directorio de proveedores especialistas

Cultural Competency: N
Medi-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: 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

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

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: 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: 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. Directorio de proveedores especialistas

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: 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 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 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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: 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


Cultural Competency: N

Medi-Cal Open Panel: 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: 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

D3. Directorio de proveedores especialistas

Cultural Competency: N
Medi-Cal Open Panel: 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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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: 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

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

TRAN, JESSICA


Provider ID: 303730
Board Certified Specialty: No
 818 PIER VIEW WAY
OCEANSIDE, CA 92054
 Phone: (760) 631-5000
Fax: (760) 414-3892

D3. Directorio de proveedores especialistas

 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


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: 303732

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: 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


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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas


 *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. Directorio de proveedores especialistas

 *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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F
8:00AM-5:00PM*

 *Website: N/A*

NEONATAL / PERINATAL


MEDICINE

WEST, JULIE

Provider ID: 297072

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: Female

NPI: 1811151848

 *Provider English Spoken: Y*


D3. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas




 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. Directorio de proveedores especialistas

 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: 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


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

BRIED, JAMES


Provider ID: 269500

Board Certified Specialty: No

 15611 POMERADO RD STE
525

POWAY, CA 92064

D3. Directorio de proveedores especialistas


 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

PROVIDER
 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: 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: 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 **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 **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. Directorio de proveedores especialistas

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: 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: 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: 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

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: 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

D3. Directorio de proveedores especialistas

 Provider English Spoken: Y  Website: N/A

 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


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

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

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

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

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


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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


Medi-Cal Open Panel: 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. Directorio de proveedores especialistas

Cultural Competency: N
Medi-Cal Open Panel: 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: 301597

Board Certified Specialty: No

 11770 BERNARDO PLAZA

D3. Directorio de proveedores especialistas

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

LANE, KIMBERLY

Provider ID: 301603

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: 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. Directorio de proveedores especialistas

 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: 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
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

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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: 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: 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: 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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: 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: 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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

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

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

Provider English Spoken: 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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): Board Certified Specialty: No

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. Directorio de proveedores especialistas

Cultural Competency: N
Medi-Cal Open Panel: 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: 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
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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 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

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

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

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


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: 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

D3. Directorio de proveedores especialistas

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


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

D3. Directorio de proveedores especialistas

ROBINSON, DEAN

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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas




 *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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


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: 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

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

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


 *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. Directorio de proveedores especialistas

Cultural Competency: N
Medi-Cal Open Panel: 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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 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 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. Directorio de proveedores especialistas

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: 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

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

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

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

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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: 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

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


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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

 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: 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


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

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. Directorio de proveedores especialistas


 *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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

American Sign Language (ASL):  Phone: (800) 926-8273
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: 283026

Board Certified Specialty: No

 4168 FRONT ST
SAN DIEGO, CA 92103

 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: 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

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. Directorio de proveedores especialistas

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: 301306

Board Certified Specialty: No

6402 EL CAJON BLVD STE
100

D3. Directorio de proveedores especialistas

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

SHEREV, DIMITRI

Provider ID: 302987
Board Certified Specialty: No

📍 6402 EL CAJON BLVD STE
102
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

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
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: 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

D3. Directorio de proveedores especialistas

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

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: 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

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

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: 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


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

D3. Directorio de proveedores especialistas


HOSPITAL SAN DIEGO

Medi-Cal Open Panel: 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: 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

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. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

 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

 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: 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

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. Directorio de proveedores especialistas




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: 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





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):
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):

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 **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: 206208

D3. Directorio de proveedores especialistas

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

MARC AURELE, KRISHELLE

Provider ID: 206206

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

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

D3. Directorio de proveedores especialistas

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 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

Hospital Affiliation: RADY

D3. Directorio de proveedores especialistas


CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: 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


Min/Max Age: 0\19

D3. Directorio de proveedores especialistas

American Sign Language (ASL):  Website: N/A

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

 Accessibility: CONTACT PROVIDER

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


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)
966-5888

D3. Directorio de proveedores especialistas

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

Hospital Affiliation: RADY

D3. Directorio de proveedores especialistas

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):

 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
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: 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

D3. Directorio de proveedores especialistas

 *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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 *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: 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





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

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: 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: 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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

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

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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





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

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
PROVIDER

D3. Directorio de proveedores especialistas


 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

Board Certified Specialty: No

D3. Directorio de proveedores especialistas


 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: 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

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 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

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

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): NPI: 1346225356
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

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
American Sign Language (ASL):

D3. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


OBSTETRICS / GYNECOLOGY


DEL CORE, 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

DEL CORE, 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

DEL CORE, 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

DEL CORE, 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

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*

 *Website: N/A*

D3. Directorio de proveedores especialistas

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

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

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: 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

GROGAN, BRIAN

Provider ID: 296002

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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

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):

N

 Accessibility: CONTACT

D3. Directorio de proveedores especialistas

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
RD STE 110
SAN DIEGO, CA 92128




D3. Directorio de proveedores especialistas

 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
NPI: 1770702177
 Provider English Spoken: Y
Cultural Competency: N


D3. Directorio de proveedores especialistas

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):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F
9:00AM-5:00PM

 Website: N/A

Email:

PARVINMANI@YAHOO.COM


OBSTETRICS / GYNECOLOGY

MEADOWS, AUDRA

Provider ID: 285742

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: 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: 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

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):
N

 Accessibility: CONTACT
PROVIDER

D3. Directorio de proveedores especialistas

 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: 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

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

D3. Directorio de proveedores especialistas

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*
 *Hours: M-F 8:00AM-5:00PM*
 *Website: N/A*

D3. Directorio de proveedores especialistas

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: 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

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

THOMSON, SAMANTHA

D3. Directorio de proveedores especialistas

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

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

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)
926-8273

Provider Gender: Female

NPI: 1669770939








Provider English Spoken: Y

D3. Directorio de proveedores especialistas

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
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*

D3. Directorio de proveedores especialistas

 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
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


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
 3969 4TH AVE STE 300
SAN DIEGO, CA 92103
 Phone: (619) 688-2648
Fax: (619) 688-2626
 After Hours Phone: (619)

D3. Directorio de proveedores especialistas

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: 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
 Accessibility: CONTACT
PROVIDER
 Hours: M-F
8:00AM-5:00PM
 Website: N/A

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

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
Fax: (619) 283-1666
 After Hours Phone: (619)
283-1303
Provider Gender: Male
NPI: 1871577056

D3. Directorio de proveedores especialistas

Provider English Spoken: Y N
 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):

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
Min/Max Age: 0\999
American Sign Language (ASL): N
 Accessibility: CONTACT

D3. Directorio de proveedores especialistas

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


OPHTHALMOLOGY

OHALLORAN, HENRY


Provider ID: 205888
Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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: 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

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: 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

D3. Directorio de proveedores especialistas

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

 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

OPHTHALMOLOGY

SATTERFIELD, KELLIE

Provider ID: 305302

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

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: 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

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

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

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 18\999

American Sign Language (ASL):

D3. Directorio de proveedores especialistas

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

 Website: N/A




OPTOMETRIST

JOMOC, CAITLIN


Provider ID: 304156

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\999

D3. Directorio de proveedores especialistas

American Sign Language (ASL): Provider Gender: Female
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

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: 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

D3. Directorio de proveedores especialistas

PROVIDER
Hours: M-F
8:00AM-5:00PM
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 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: 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

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

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

D3. Directorio de proveedores especialistas

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: 299461

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: 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

Provider ID: 299583

Board Certified Specialty: No

 8899 UNIVERSITY CENTER
LN

D3. Directorio de proveedores especialistas

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: 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: 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: 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

DECONDE, ADAM

Provider ID: 299568

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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


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, 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: 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,

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

Cultural Competency: N
Medi-Cal Open Panel: 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



GREENE, JACQUELINE

Provider ID: 298396
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: 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

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
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL

D3. Directorio de proveedores especialistas

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


Provider ID: 272660

Board Certified Specialty: Yes

 3030 CHILDRENS WAY FL 1

SAN DIEGO, CA 92123

D3. Directorio de proveedores especialistas


 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: 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: 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: 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 SAN DIEGO, CA 92123

 Phone: (858) 309-7701

Fax: (858) 966-8038

 After Hours Phone: (858)

D3. Directorio de proveedores especialistas

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: 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: 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: 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: 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
♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A

OTOLARYNGOLOGY

D3. Directorio de proveedores especialistas

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: 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

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

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

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

NGUYEN, QUYEN

Provider ID: 299603

Board Certified Specialty: No




D3. Directorio de proveedores especialistas

 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







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
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

D3. Directorio de proveedores especialistas

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

 8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

D3. Directorio de proveedores especialistas

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

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,

D3. Directorio de proveedores especialistas

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): Board Certified Specialty: No
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

 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

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

D3. Directorio de proveedores especialistas


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

 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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D3. Directorio de proveedores especialistas

 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

Provider Gender: Female

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

Provider Gender: Female

NPI: 1417363086

 Provider English Spoken: Y
Cultural Competency: N

D3. Directorio de proveedores especialistas

Hospital Affiliation: ALVARADO  Website: N/A

HOSP MED CTR, ALVARADO

HOSPITAL LLC


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL): Provider ID: 205824

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): Provider ID: 205823

N

 Accessibility: CONTACT PROVIDER

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

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


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


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
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

D3. Directorio de proveedores especialistas

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

PEDIATRIC CARDIOLOGY

CHAU, PETER

Provider ID: 271427

D3. Directorio de proveedores especialistas

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

Fax: (858) 966-7903

🕒 After Hours Phone: (858)
966-5855

Provider Gender: Male

D3. Directorio de proveedores especialistas


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):
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

Fax: (858) 966-7903

 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):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F

D3. Directorio de proveedores especialistas

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

NPI: 1295042653

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese, Mandarin


D3. Directorio de proveedores especialistas


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, SHILPA

Provider ID: 271454

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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

YOUNOSZAI, 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
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

D3. Directorio de proveedores especialistas

American Sign Language (ASL): Fax: (858) 966-7479

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 DERMATOLOGY

EICHENFIELD, DAWN

Provider ID: 283142

Board Certified Specialty: No

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-6795

 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

PEDIATRIC EMERGENCY

MEDICINE

D3. Directorio de proveedores especialistas

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 MEDICINE

BETTY, MARYANN

Provider ID: 245754

D3. Directorio de proveedores especialistas

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

CHOO, SUN


Provider ID: 296535

Board Certified Specialty: No

D3. Directorio de proveedores especialistas


 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

Provider ID: 288572


Board Certified Specialty: No

 3020 CHILDRENS WAY

D3. Directorio de proveedores especialistas


 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
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN

D3. Directorio de proveedores especialistas

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

PEDIATRIC EMERGENCY MEDICINE

D3. Directorio de proveedores especialistas

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

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

D3. Directorio de proveedores especialistas


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
8:00AM-5:00PM

 Website: N/A

PEDIATRIC EMERGENCY MEDICINE

KHAN, SHAHFAR

D3. Directorio de proveedores especialistas

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

Board Certified Specialty: No

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)
966-8800

D3. Directorio de proveedores especialistas

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

Provider Gender: Male

NPI: 1194145946

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

D3. Directorio de proveedores especialistas

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  4305 UNIVERSITY AVE STE 150

 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: 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


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


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

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

D3. Directorio de proveedores especialistas

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

Provider ID: 241926

Board Certified Specialty: No

4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905


Fax: (619) 283-1614

D3. Directorio de proveedores especialistas

 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)
280-2905

Provider Gender: Male

NPI: 1881695914

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

D3. Directorio de proveedores especialistas

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: 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

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


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

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):

D3. Directorio de proveedores especialistas

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

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. Directorio de proveedores especialistas

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

☎ 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

D3. Directorio de proveedores especialistas




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
 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

D3. Directorio de proveedores especialistas

☎ 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

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

D3. Directorio de proveedores especialistas

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

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

D3. Directorio de proveedores especialistas

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: 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

 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: 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

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

 Website: N/A




PEDIATRIC EMERGENCY **MEDICINE**

VAYNGORTIN, TATYANA


Provider ID: 263012

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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
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

D3. Directorio de proveedores especialistas

☎ 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

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

D3. Directorio de proveedores especialistas

American Sign Language (ASL): **GOYAL, NIDHI**

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

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

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

D3. Directorio de proveedores especialistas

 *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

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*

D3. Directorio de proveedores especialistas


 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


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

D3. Directorio de proveedores especialistas

 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

 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


D3. Directorio de proveedores especialistas


DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123

 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


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: 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

CHILDRENS 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. Directorio de proveedores especialistas

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 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

D3. Directorio de proveedores especialistas

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

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

D3. Directorio de proveedores especialistas

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

 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. Directorio de proveedores especialistas

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

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 PROVIDER

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

 Website: N/A

PEDIATRIC PULMONOLOGY

RYU, JULIE

D3. Directorio de proveedores especialistas

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

Provider Gender: Male

NPI: 1619083961

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN

D3. Directorio de proveedores especialistas


DIEGO

Medi-Cal Open Panel: 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

NPI: 1457420713

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

D3. Directorio de proveedores especialistas

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

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

D3. Directorio de proveedores especialistas

 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


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


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

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


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

D3. Directorio de proveedores especialistas

 SA 8:00AM-2:00PM
 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):
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

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







Provider ID: 303285

Board Certified Specialty: No

 3030 CHILDRENS WAY FL
4





SAN DIEGO, CA 92123


D3. Directorio de proveedores especialistas

 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
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

D3. Directorio de proveedores especialistas

American Sign Language (ASL):  3020 CHILDRENS WAY
SAN DIEGO, CA 92123

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

 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

 Accessibility: CONTACT
PROVIDER

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

D3. Directorio de proveedores especialistas

 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

Provider Gender: Female

NPI: 1013996529

 Provider English Spoken: Y

D3. Directorio de proveedores especialistas

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
DIEGO*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

D3. Directorio de proveedores especialistas

American Sign Language (ASL): Accessibility: CONTACT PROVIDER

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

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

Min/Max Age: 0\18

American Sign Language (ASL):

D3. Directorio de proveedores especialistas

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
Board Certified Specialty: No
 3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110


D3. Directorio de proveedores especialistas

 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

THORNTON

Medi-Cal Open Panel: Yes


D3. Directorio de proveedores especialistas

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):

 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

PHYSICIANS ASSISTANT

BOYD, LISA

D3. Directorio de proveedores especialistas

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): NPI: 1063829505

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

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


Min/Max Age: 18\999

American Sign Language (ASL):

D3. Directorio de proveedores especialistas

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

PHYSICIANS ASSISTANT

HASEGAWA, CHRIS

D3. Directorio de proveedores especialistas

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
PROVIDER

Website: N/A

D3. Directorio de proveedores especialistas

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

Phone: (800) 926-8273


Fax: (858) 539-8781

D3. Directorio de proveedores especialistas

 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)
926-8275

Provider Gender: Male

D3. Directorio de proveedores especialistas

NPI: 1386791028

 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

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

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

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

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

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

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

D3. Directorio de proveedores especialistas

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: 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):

N

Accessibility: CONTACT
PROVIDER


D3. Directorio de proveedores especialistas

 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

American Sign Language (ASL):
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

NPI: 1316102163


 Provider English Spoken: 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: 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):
N

 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):
N

 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):
N

 Accessibility: CONTACT
PROVIDER

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

 Website: N/A

PHYSICIANS ASSISTANT

TESFAI, HELEN

Provider ID: 287372

Board Certified Specialty: No

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

D3. Directorio de proveedores especialistas

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: 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: 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: 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

NPI: 1932494499

🗣️ Provider English Spoken: Y

D3. Directorio de proveedores especialistas

 *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

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

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
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
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
Min/Max Age: 0\999
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-F
8:00AM-5:00PM
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
American Sign Language (ASL):
N
Accessibility: CONTACT


D3. Directorio de proveedores especialistas

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: 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

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

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

Fax: (858) 633-4680

 After Hours Phone: (858)
279-0925

Provider Gender: Female

D3. Directorio de proveedores especialistas


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: 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


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

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

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

 Website: N/A

D3. Directorio de proveedores especialistas


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-CHESHER, TAMARA


Provider ID: 273223

Board Certified Specialty: No

 4510 EXECUTIVE DR
SAN DIEGO, CA 92121

 Phone: (858) 534-8019

Fax: (858) 534-6727

 After Hours Phone: (858)
534-8019

Provider Gender: Female

D3. Directorio de proveedores especialistas

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: 276869

Board Certified Specialty: No

 350 DICKINSON ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

D3. Directorio de proveedores especialistas

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

NORMAN, MARC

Provider ID: 272916

Board Certified Specialty: No

📍 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

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

📍 10737 CAMINO RUIZ STE
235

D3. Directorio de proveedores especialistas

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: 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
🕒 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: 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

D3. Directorio de proveedores especialistas

 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

 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\999

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)
280-2058

D3. Directorio de proveedores especialistas

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
🕒 After Hours Phone: (619)

D3. Directorio de proveedores especialistas

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
NPI: 1275929242

D3. Directorio de proveedores especialistas

 *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: 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

D3. Directorio de proveedores especialistas

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: 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

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

RADIOLOGY DIAGNOSTIC

D3. Directorio de proveedores especialistas

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

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

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

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

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

D3. Directorio de proveedores especialistas

 **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

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):
N

 *Accessibility: CONTACT
PROVIDER*

 *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*

*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

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


D3. Directorio de proveedores especialistas

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

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):


N



D3. Directorio de proveedores especialistas

 *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: 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 **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 **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 PROVIDER*

D3. Directorio de proveedores especialistas

 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: 299958

Board Certified Specialty: No

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

D3. Directorio de proveedores especialistas

 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

JAFFRAY, PAUL

Provider ID: 299957

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: 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





Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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: 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

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







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

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


D3. Directorio de proveedores especialistas

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


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


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


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):

N

 Accessibility: CONTACT
PROVIDER

 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


D3. Directorio de proveedores especialistas

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


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
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

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: 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
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: 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,

D3. Directorio de proveedores especialistas

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: 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

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


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

Provider Gender: Male

D3. Directorio de proveedores especialistas

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
8:00AM-5:00PM

 Website: N/A

D3. Directorio de proveedores especialistas

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: 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: 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: 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
SAN DIEGO, CA 92103

Phone: (800) 926-8273

D3. Directorio de proveedores especialistas

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

Min/Max Age: 0\999

D3. Directorio de proveedores especialistas

American Sign Language (ASL):  After Hours Phone: (800) 926-8273

N
 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

NPI: 1669818993




D3. Directorio de proveedores especialistas





 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

COSTELLO, MARK

D3. Directorio de proveedores especialistas

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): Board Certified Specialty: No
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: 295259

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
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

D3. Directorio de proveedores especialistas


 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








 Provider English Spoken: Y

D3. Directorio de proveedores especialistas





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. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

Min/Max Age: 18\999

American Sign Language (ASL):  Provider English Spoken: Y
Cultural Competency: N

 Accessibility: CONTACT
PROVIDER


 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

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

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

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 7:00AM-7:00PM

 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

D3. Directorio de proveedores especialistas

 Accessibility: CONTACT PROVIDER

 Hours: 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


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


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


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)

D3. Directorio de proveedores especialistas

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)
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: 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

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

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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

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


D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 201617

Board Certified Specialty: Yes

4520 EXECUTIVE DR STE 111

D3. Directorio de proveedores especialistas

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

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: 247073

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: 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\999


American Sign Language (ASL):

D3. Directorio de proveedores especialistas

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: 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

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

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: 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

D3. Directorio de proveedores especialistas


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: 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

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


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

 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

 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

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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):
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: 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

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

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

 Website: N/A

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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):
Board Certified Specialty: No
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. Directorio de proveedores especialistas

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: 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









D3. Directorio de proveedores especialistas

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

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
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: 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. Directorio de proveedores especialistas




 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: 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
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

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 283380

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

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 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 PEDIATRIC

LAZAR, DAVID

Provider ID: 283140

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: 1538365002





D3. Directorio de proveedores especialistas

 *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: 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

D3. Directorio de proveedores especialistas

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

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


 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: 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: 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: 295833

Board Certified Specialty: Yes


 4060 4TH AVE STE 310
SAN DIEGO, CA 92103




D3. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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

Board Certified Specialty: No
 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. Directorio de proveedores especialistas


 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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

 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: 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

D3. Directorio de proveedores especialistas


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

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


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

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas




 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: 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

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





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
 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

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

D3. Directorio de proveedores especialistas

 *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

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. Directorio de proveedores especialistas

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 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: 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 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: 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 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: 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, LYND A

Provider ID: 299716

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: 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 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: 1952316648

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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


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

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

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

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

PROVIDER
Hours: M-F
8:00AM-5:00PM
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
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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


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: 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: 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

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


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. Directorio de proveedores especialistas

 *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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas

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: 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

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

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. Directorio de proveedores especialistas

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: 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

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

FAMILY PRACTICE

HIKES, RYAN

Provider ID: 291652

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas


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. Directorio de proveedores especialistas


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: 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,
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 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: 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

D3. Directorio de proveedores especialistas

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

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. Directorio de proveedores especialistas

 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. Directorio de proveedores especialistas


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: 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

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

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. Directorio de proveedores especialistas

 *Provider English Spoken: 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. Directorio de proveedores especialistas

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. Directorio de proveedores especialistas

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
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
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):
N

♿ 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. Directorio de proveedores especialistas

 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. Directorio de hospitales: hospital general de atención aguda

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

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/

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

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-

D4. Directorio de hospitales: hospital general de atención aguda


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


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/l
ocations/hospitals__scripp
s- green- hospital](http://www.scripps.org/l
ocations/hospitals__scripp
s- 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/l
ocations/hospitals__scripp
s- memorial- hospital- la- j
olla](http://www.scripps.org/l
ocations/hospitals__scripp
s- memorial- hospital- la- j
olla)

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. Directorio de hospitales: hospital general de atención aguda

JCAHO


 Hours: 24 Hours / 7 days/week

License Number: 080000148

NPI: 1700829199

 Website: www.scripps.org/locations/hospitals__scripps-memorial-hospital-encinitas

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Birth 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

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Birth 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

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/

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Birth Friendly: Y

D4. Directorio de hospitales: hospital general de atención aguda

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/

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

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/

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

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. Directorio de hospitales: hospital general de atención aguda

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)


CARLSBAD

N

 Accessibility: CONTACT PROVIDER

 Website: 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 Language(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

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

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)

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

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)

PROVIDER	N	N
SAN DIEGO POST ACUTE CENTER 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: http://sdpostacute.com Credentials and/or certifications: <input type="checkbox"/> Site English Spoken: Y Cultural Competency: N American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER	THE BRADLEY COURT 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	VICTORIA POST ACUTE CARE 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: http://victoriapostacute.com Credentials and/or certifications: <input type="checkbox"/> Site English Spoken: Y Cultural Competency: N American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER
SOMERSET SUBACUTE AND CARE 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: http://sometersubacute.com Credentials and/or certifications: <input type="checkbox"/> Site English Spoken: Y Cultural Competency: N American Sign Language (ASL):	VICTORIA POST ACUTE CARE 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: www.VICTORIAPOSTACUTE.com Credentials and/or certifications: <input type="checkbox"/> Site English Spoken: Y Cultural Competency: N American Sign Language (ASL):	VILLA LAS PALMAS HEALTHCARE CTR 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: http://villalaspalmascares.com Credentials and/or certifications: <input type="checkbox"/> Site English Spoken: Y Cultural Competency: N American Sign Language (ASL):

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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*

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://lifecarecentroescondido.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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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

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

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)


8:00AM-5:00PM
NPI: 1457486078
 Website: 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.jolla.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/
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
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
Credentials and/or certifications:
 Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

GROSSMONT POST ACUTE

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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
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/
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
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
Credentials and/or


certifications:

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Armenian, Korean, Tagalog

Cultural Competency: N

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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
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.
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
th.org/skilled-nursing/villa
-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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)




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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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

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

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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/

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


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: www.mountmiguelcovenantvillage.org

Credentials and/or certifications:

 Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): N


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: covlivingmountmi

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)

guel.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. Proveedores de apoyo y servicios a largo plazo (LTSS)




I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)



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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)

 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. Proveedores de apoyo y servicios a largo plazo (LTSS)


II. Servicios de apoyo en el hogar (IHSS) del condado

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

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

III. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos

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

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/westernadhec/contact-us>

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

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

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

III. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos

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 Language(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. Proveedores de apoyo y servicios a largo plazo (LTSS)


III. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos

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. Directorio de salud mental

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. Directorio de salud mental

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. Directorio de salud mental

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  678 3RD AVE
CHULA VISTA, CA 91910

N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 10:00AM-4:00PM  After Hours Phone: (619)
662-4100

M-TU 8:30AM-8:00PM


W-F 8:30AM-5:30PM


SA 8:00AM-2:00PM

Cultural Competency: N


EMILY A TROYER

 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

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

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. Directorio de salud mental

 Website: N/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. Directorio de salud mental

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. Directorio de salud mental

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. Directorio de salud mental

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. Directorio de salud mental

Min/Max Age: 0\999

American Sign Language (ASL): TIFFANY A CASTILLO

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. Directorio de salud mental

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. Directorio de salud mental

 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. Directorio de salud mental

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. Directorio de salud mental

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

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

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

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. Directorio de salud mental

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. Directorio de salud mental

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. Directorio de salud mental

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. Directorio de salud mental


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

 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

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

 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

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. Directorio de salud mental

 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. Directorio de salud mental

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 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

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

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

Accepting New Patients: Yes


D6. Directorio de salud mental

 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)
926-8273

D6. Directorio de salud mental

 Website: N/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. Directorio de salud mental

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. Directorio de salud mental

HOANG A NGUYEN

8:00AM-5:00PM

 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

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

 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

REED, KRISTIE

Provider Gender: Female

License Number: PSY30934

NPI: 1679869556

Provider English Spoken: Y

D6. Directorio de salud mental

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

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

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

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. Directorio de salud mental

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. Directorio de salud mental

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

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

D6. Directorio de salud mental

W 8:00AM-7:00PM
TH-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

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
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

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. Directorio de salud mental


 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

 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): 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):

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):

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):

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. Directorio de salud mental

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

 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

 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: 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

 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

DOUGHERTY, CHRISTINE

Provider Gender: Female

License Number: LCS26686


NPI: 1003194960

Provider English Spoken: Y

Cultural Competency: N

CHRISTINE A DOUGHERTY

D6. Directorio de salud mental







 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

 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

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. Directorio de salud mental

 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

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

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

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

D6. Directorio de salud mental

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

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

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

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

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. Directorio de salud mental








 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
 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

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

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
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

SANCHEZ, ADRIANA

Provider Gender: Female

D6. Directorio de salud mental

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

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

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

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

WILSON, CARLENE

Provider Gender: Female

License Number: LCS74685

NPI: 1508327081

Provider English Spoken: Y
Cultural Competency: N

D6. Directorio de salud mental

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

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

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. Directorio de salud mental

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

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

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

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






D6. Directorio de salud mental



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



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):
926-8273
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
 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






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

D6. Directorio de salud mental

Cultural Competency: N

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

D6. Directorio de salud mental

NPI: 1093350258

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):

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

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

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

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




D6. Directorio de salud mental



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
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





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
 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

D6. Directorio de salud mental

SA 9:00AM-4:00PM

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 Language(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

D6. Directorio de salud mental

8:00AM-6:00PM

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

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

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

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

D6. Directorio de salud mental

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

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

D6. Directorio de salud mental






 Hours: M-F
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 Language(s) Spoken:
Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL):
N
 Accessibility: CONTACT

D6. Directorio de salud mental


 *PROVIDER*
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

D6. Directorio de salud mental

Cultural Competency: N

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

 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*

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

D6. Directorio de salud mental

 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

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

D6. Directorio de salud mental

 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

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


 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

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

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

D6. Directorio de salud mental

 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

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
 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



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. Directorio de salud mental






 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. Directorio de salud mental


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. Directorio de salud mental

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

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

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

NORMAN, MARC

Provider Gender: Male

License Number: PSY16278

NPI: 1922169101

Provider English Spoken: Y

Cultural Competency: N

MARC A NORMAN

350 DICKINSON ST

D6. Directorio de salud mental

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

NORMAN, MARC

Provider Gender: Male
License Number: PSY16278
NPI: 1922169101
Provider English Spoken: Y
Cultural Competency: N
MARC A NORMAN

📍 200 W ARBOR DR
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

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. Directorio de salud mental






 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. Directorio de salud mental

 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
 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

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



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. Directorio de salud mental

 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


 330 LEWIS ST
SAN DIEGO, CA 92103

 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

 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

D6. Directorio de salud mental

 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

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

 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

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

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. Directorio de salud mental


 Website: N/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 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

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. Directorio de salud mental

Min/Max Age: 0\999

American Sign Language (ASL):  After Hours Phone: (619) 563-0250

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. Directorio de salud mental

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. Directorio de salud mental

 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 Languages(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

 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


 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

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

D6. Directorio de salud mental

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. Directorio de salud mental

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






SO LORIO JR, ROBERTO

Provider Gender: Male
License Number: LCS102729
NPI: 1972088185
Provider English Spoken: Y
Cultural Competency: N
ROBERTO SO LORIO 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. Directorio de salud mental

 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. Directorio de salud mental

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. Directorio de salud mental

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. Directorio de salud mental

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

AZUCENA ACOSTA

 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

 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

D6. Directorio de salud mental

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

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

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

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

D6. Directorio de salud mental

American Sign Language (ASL): Provider English Spoken: Y
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
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


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 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. Directorio de salud mental

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

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

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

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. Directorio de salud mental

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. Directorio de salud mental


 *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*

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*

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

 *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. Directorio de proveedores de la vista: servicios oculares y de la vista

SA 9:00AM-3:00PM

CHULA VISTA

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

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

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

 *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. Directorio de proveedores de la vista: servicios oculares y de la vista

- 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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

☎ 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
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☎ 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

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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. Directorio de proveedores de la vista: servicios oculares y de la vista

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, 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

Hours: M 9:00AM-5:00PM
TU 10:00AM-5:00PM
W-TH 9:00AM-5:00PM
F 8:00AM-2:00PM

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


D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

 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. Directorio de proveedores de la vista: servicios oculares y de la vista

Provider English Spoken: Y

Arabic

Cultural Competency: Y

ACUITY EYE GROUP

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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. Directorio de proveedores de la vista: servicios oculares y de la vista


 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. Directorio de proveedores de la vista: servicios oculares y de la vista



 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. Directorio de proveedores de la vista: servicios oculares y de la vista

 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): IT

 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): IT

 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): IT

 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): IT

 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): IT

 Hours: M-F

8:30AM-4:30PM

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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): IT

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): IT

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): IT

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): IT

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista


 Phone: (760) 743-5872

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 After Hours Phone: (760) 743-5872


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 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, SARJAN, MD

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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

ZAIDI, 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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

 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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

 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

 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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista


American Sign Language (ASL):  9415 CAMPUS POINT DR
LA JOLLA, CA 92093

8:00AM-4:30PM

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

 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

UCSD SHILEY EYE CENTER

 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

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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
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

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
LA JOLLA, CA 92037

Phone: (858) 534-6290
Fax: (858) 732-0921

After Hours Phone: (858) 534-6290





Accepting New Patients: Yes

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 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. Directorio de proveedores de la vista: servicios oculares y de la vista


-  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
- 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
 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
 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


D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 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. Directorio de proveedores de la vista: servicios oculares y de la vista

 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

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

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

- 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
- 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
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
- 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
- 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
After Hours Phone: (619)

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

Provider English Spoken: Y

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
PROVIDER

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

📞 Phone: (619) 722-8460

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M-F
8:00AM-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

License Number: 35302

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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): Cultural Competency: Y

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

MERALI, MURTAZA, OD

Provider Gender: Female

License Number: 14558

NPI: 1972944189

Provider English Spoken: Y

Spanish

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. Directorio de proveedores de la vista: servicios oculares y de la vista

 *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. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

1/2 mile from Site): 1U

🕒 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

📍 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

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista




 *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
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



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

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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

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

DYER, SHARON, OD

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
 Phone: (619) 470-2700

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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

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

Provider Gender: Female

License Number: 6263

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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): NPI: 1962031617

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

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


American Sign Language (ASL):

N

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 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, AUSTIN, OD

Provider Gender: Male

License Number: 14519


NPI: 1922356914

Provider English Spoken: Y

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

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

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

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

<p><i>F 8:00AM-5:00PM</i></p> <p>MORRISON REYES, JOSHUA, MD <i>Provider Gender: Male</i> <i>License Number: A125435</i> <i>NPI: 1235366782</i> <i>Provider English Spoken: Y</i> <i>Indonesian, Spanish</i> <i>Cultural Competency: Y</i> 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 <i>Accepting New Patients: Yes</i> Site English Spoken: Y <i>American Sign Language (ASL): N</i> Accessibility: CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site): 1U</i> Hours: M-F 8:00AM-4:30PM</p>	<p><i>477-2159</i> <i>Accepting New Patients: Yes</i> Site English Spoken: Y Site Languages(s) Spoken: Arabic, Hindi, Spanish <i>American Sign Language (ASL): N</i> Accessibility: CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site): 1T</i> Hours: SU 10:00AM-4:00PM M-F 9:00AM-6:00PM SA 9:00AM-5:00PM</p> <p>PATEL, SARJAN, MD <i>Provider Gender: Male</i> <i>License Number: A114976</i> <i>NPI: 1316199326</i> <i>Provider English Spoken: Y</i> <i>Gujarati, Hindi, Spanish</i> <i>Cultural Competency: Y</i> 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 <i>Accepting New Patients: Yes</i> Site English Spoken: Y <i>American Sign Language (ASL): N</i> Accessibility: CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site): 1U</i> Hours: M-F 8:00AM-4:30PM</p>	<p><i>License Number: A108603</i> <i>NPI: 1710171434</i> <i>Provider English Spoken: Y</i> <i>Cultural Competency: Y</i> 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 <i>Accepting New Patients: Yes</i> Site English Spoken: Y <i>American Sign Language (ASL): N</i> Accessibility: CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site): 1U</i> Hours: M-F 8:00AM-4:30PM</p> <p>PRABHU, SUJATA, MD <i>Provider Gender: Female</i> <i>License Number: A115965</i> <i>NPI: 1982872552</i> <i>Provider English Spoken: Y</i> <i>Spanish</i> <i>Cultural Competency: Y</i> 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 <i>Accepting New Patients: Yes</i> Site English Spoken: Y <i>American Sign Language (ASL): N</i> Accessibility: CONTACT PROVIDER</p>
<p>NGUYEN, THERESA, OD <i>Provider Gender: Female</i> <i>License Number: 35530TLG</i> <i>NPI: 1609555713</i> <i>Provider English Spoken: Y</i> <i>Cultural Competency: Y</i> LUSTRO EYEWORKS OPTOMETRY 1481 E PLAZA BLVD NATIONAL CITY, CA 91950 Phone: (619) 477-2159 Fax: (619) 477-2128 After Hours Phone: (619)</p>	<p>PATEL, GITANE, MD <i>Provider Gender: Male</i></p>	

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

Accepting New Patients: Yes

D7. Directorio de proveedores de la vista: servicios oculares y de la vista








 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

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
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

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
Provider English Spoken: Y

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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):

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

License Number: 6781

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):

N

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 *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

NPI: 1780935650

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

🕒 Hours: M 7:30AM-4:30PM

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
Accepting New Patients: Yes

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
Spanish, Chinese
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
F 9:00AM-5:00PM
SA 9:00AM-1:00PM

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

After Hours Phone: (619)
295-2900

D7. Directorio de proveedores de la vista: servicios oculares y de la vista


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

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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 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

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

HEALTHY I CARE OPTOMETRY

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

HOANG, KEVIN, OD

Provider Gender: Male

License Number: 34401

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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): Cultural Competency: Y

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

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

Public transportation (within
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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, CHI, OD

Provider Gender: Female
License Number: 12901
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

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, LOAN, OD

Provider Gender: Female
License Number: 34472
NPI: 1003454604
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
NORTH COUNTY OPTOMETRY

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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):
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

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

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

KATZMAN, BARRY, MD

Provider Gender: Male

License Number: A34834

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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
License Number: 35137
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
Provider Gender: Female
License Number: 34777
NPI: 1962031617

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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):

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

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

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
8:00AM-4:00PM

LAM, ANNE, OD

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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): NPI: 1821001645
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

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, KUEN CHINE, OD

Provider Gender: Male
License Number: 11166

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, 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)
748-1265

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:

D7. Directorio de proveedores de la vista: servicios oculares y de la vista


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 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

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
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 Language(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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
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

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

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)
697-4600

Accepting New Patients: Yes


Site English Spoken: Y

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL): Provider English Spoken: Y
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

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

NPI: 1861648602

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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

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
W 7:30AM-4:00PM
TH 9:30AM-5:00PM
F 8:00AM-4:00PM

NGUYEN, BRUCE, OD

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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, KELVIN, OD

Provider Gender: Male

License Number: 11085

NPI: 1518923572

Provider English Spoken: Y
Spanish

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

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, 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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 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, 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

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


 Hours: M 10:00AM-6:00PM
TU 8:30AM-5:00PM
W 7:30AM-4:00PM
TH 9:30AM-5:00PM


D7. Directorio de proveedores de la vista: servicios oculares y de la vista

- 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
Cultural Competency: Y
SAN DIEGO EYE CLINIC OPTOMETRY

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

Provider Gender: Male

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

NPI: 1548255896

Provider English Spoken: Y

Spanish

Cultural Competency: Y

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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): Provider English Spoken: Y
Spanish

♿ 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

📍 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

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
American Sign Language (ASL):
N

♿ Accessibility: CONTACT

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
NPI: 1679521280
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,
Chinese
Cultural Competency: Y

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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): 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

License Number: 33798

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


Site English Spoken: Y
American Sign Language (ASL):

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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 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

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 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

PRESTERA, TORY, MD

Provider Gender: Male

License Number: A62321

NPI: 1346224557

Provider English Spoken: Y

Spanish

Cultural Competency: Y

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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):
N

Accessibility: CONTACT
PROVIDER

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

Cultural Competency: Y

EYE CARE OPTOMETRY

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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):

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
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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

SOLIS, KEVIN, OD

Provider Gender: Male
License Number: 10420
NPI: 1538362116

Provider English Spoken: Y
Cultural Competency: Y

EYE CARE OPTOMETRY

ASSOCIATES

687 SWEETWATER RD
SPRING VALLEY, CA 91977
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Fax: (619) 466-9314
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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



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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):

D7. Directorio de proveedores de la vista: servicios oculares y de la vista



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
 TH 9:00AM-6:00PM

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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. Otros proveedores de servicios


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
hc.com)*

Cultural Competency: N

Accepting New Patients: No

D9. Centros de atención de urgencia de Blue Shield Promise

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/

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

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

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

SAN DIEGO

AFC URGENT CARE OF SAN DIEGO*

NPI: 1952995466

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

AFC URGENT CARE OF SAN DIEGO*

NPI: 1952995466

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: 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

8260 MIRA MESA BLVD
STE A
SAN DIEGO, CA 92126

(858) 900-3550

AFC URGENT CARE OF SAN DIEGO*

NPI: 1952995466

1740 ROSECRANS ST
SAN DIEGO, CA 92106

(619) 790-7800

(619) 790-7800

AFC URGENT CARE OF SAN DIEGO*

NPI: 1952995466

8590 RIO SAN DIEGO DR
STE 111
SAN DIEGO, CA 92108








(619) 736-4600

D9. Centros de atención de urgencia de Blue Shield Promise

 (619) 736-4600
 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/
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


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
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 *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





RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197
 386 E H ST STE 202
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 (858) 966-8133
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Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*

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 (858) 966-8133
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 *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






D9. Centros de atención de urgencia de Blue Shield Promise

 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






RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*

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 (858) 966-8133
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 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No






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CHULA VISTA, CA 91910
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 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No






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 *Accessibility:* CONTACT PROVIDER
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Accepting New Patients: No




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 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
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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
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 N/A
Accepting New Patients: No





RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*





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 386 E H ST STE 202
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 (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

D9. Centros de atención de urgencia de Blue Shield Promise






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***
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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






**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

**RADY CHILDRENS
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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***
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 386 E H ST STE 202
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Accepting New Patients: No

**RADY CHILDRENS
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 N/A
Accepting New Patients: No

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 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

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SPECIALISTS SAN DIEGO MED
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 386 E H ST STE 202
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 (858) 966-8133
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 *Accessibility:* CONTACT PROVIDER
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Accepting New Patients: No

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 (858) 966-8133
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 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

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 (858) 966-8133
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 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No


**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED**


D9. Centros de atención de urgencia de Blue Shield Promise

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*

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


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*

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
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
STE 100

ESCONDIDO, CA 92029

 (760) 755-7600

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

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

RADY CHILDRENS


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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

D9. Centros de atención de urgencia de Blue Shield Promise


Accepting New Patients: No


**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNDTN***

NPI: 1669617197

 2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029

 (760) 755-7600

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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
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

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ESCONDIDO, CA 92029

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RADY CHILDRENS


D9. Centros de atención de urgencia de Blue Shield Promise


SPECIALISTS SAN DIEGO MED

FNDTN*

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RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

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

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A

Accepting New Patients: No


RADY CHILDRENS


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Accepting New Patients: No




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Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNDTN***

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS

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FNDTN***

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (858) 576-1700

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D9. Centros de atención de urgencia de Blue Shield Promise

FNDTN*

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RADY CHILDRENS


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RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197
 5565 GROSSMONT
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 (619) 713-5375
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RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN*


NPI: 1669617197
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CENTER DR STE 2
LA MESA, CA 91942
 (619) 713-5375
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Accepting New Patients: No





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**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNDTN***

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility: CONTACT
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 N/A


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D9. Centros de atención de urgencia de Blue Shield Promise


OCEANSIDE

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NPI: 1669617197

 3605 VISTA WAY STE 172
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SAN DIEGO


RADY CHILDRENS


D9. Centros de atención de urgencia de Blue Shield Promise

SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 (858) 966-8800

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**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNDTN***

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105

 (619) 280-2905

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
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
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**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNDTN***

NPI: 1669617197
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SAN DIEGO, CA 92105
 (619) 280-2905
 (619) 280-2905
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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/>

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Navajo D77 ats'77s baa lhly3 47 doodago azeé' 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. ມີຜູ້ຮູ້ພາສາລາວ 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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-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 ਦੁਆਰਾ ਸੇਵਾ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਆਰਾ 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 կազմակերպիչներին հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-776-4466 հեռախոսահամարով: Ձեզ կօգնի հարցերին 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 ntu, 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 libheng 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 ՈՒՇԱՂԻՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, Ձեզ տրամադրվելի են անվճար լեզվաբան օգնություն ծառայություններ: Ձանգահայեր 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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